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ABSTRACT

The guide is intended to provide a practical source of information on financial resources for disabled individuals. Following an introductory chapter is a chapter discussing some fundamental principles useful in increasing the likelihood that a benefit will be awarded. Subsequent chapters contain information on financial assistance programs in seven areas: basic needs in the form of cash grants, housing, food, general basic needs, health, education, and employment. Provided for each program are the formal name and common name of the program, program purpose, major eligibility requirements, benefits, and additional comments which relate to filing an application. Among the programs covered are the Federal Employees' Compensation Program and State Workers' Compensation, Public Housing Program, Food Stamp Program, Community Action Agency Emergency Services, Medicaid, Basic Educational Opportunity Grants, and Comprehensive Employment and Training Act (CETA). Appended is information on the federal region number for each state, federal information centers, federal regional offices for CETA information, federal VISTA/ACTION service centers, and federal regional offices for the small business administration. (SB)

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FINANCIAL RESOURCES FOR DISABLED INDIVIDUALS

Institute for Information Studies
Falls Church, Virginia

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I. INTRODUCTION

This *Guide* is intended to provide a practical source of information on financial resources for disabled individuals. A broad range of programs which focus on basic living needs, education, and employment are addressed. Many of the programs discussed in the text are directed toward serving persons with a disability; yet, the *Guide* includes programs targeted at a broader population which may be useful to the disabled individual.

Due to the tremendous variety of beneficial programs which exist in the United States, the *Guide* has been limited to identifying those which may be considered "national." That is, the *Guide* identifies major programs which actually exist throughout the nation, or could exist if a particular state or community elected to participate in a program. (The section on General Application Principles suggests methods to obtain information on additional programs which are not national.)

Although the *Guide* provides information which may interest a current recipient or beneficiary of a particular program, comments and information are primarily directed toward a potential applicant for service. The well-educated reader may, therefore, notice that some common program aspects which are significant after assistance has been awarded receive less attention than those program features which are important in the process of filing an application for assistance.

The reader does not need to review the entire *Guide* to obtain information. After locating a program of interest in the table of contents, the reader will find all the information on that program in one section of the *Guide*. For each program, the *Guide* discusses:

A. The formal name and the common name of the program
B. The purpose of the program
C. The major eligibility requirements for the program
D. The benefits potentially available from the program and
E. Additional comments on the program which relate to filing an application.

We recommend that the reader review the section of the *Guide* entitled "General Application Principles." Also, the Appendix lists certain sources for obtaining additional information on the programs discussed in this *Guide*.

II. GENERAL APPLICATION PRINCIPLES

The process of applying for a benefit varies substantially among different programs. Yet, there are common aspects which appear in many application procedures. The following discussion outlines some fundamental principles which may be useful in increasing the likelihood that a benefit will be awarded.

IDENTIFYING RESOURCES

Logically, a significant hurdle in obtaining benefits is learning exactly what is available. This *Guide* will assist the reader to identify major programs available in most or all of the states and United States Territories. In addition to national programs, significant benefits are available from states and communities. To learn about all of the resources available in a specific community, it will be necessary to inquire at the state and local level. Inquiries should specify:

A. Area of concern (e.g., assistance with home repairs)
B. Special circumstances (e.g., damage due to fire or other natural disaster) and
C. Special qualifications of the applicant (e.g., low-income status or disability).

Inquiries can be sent to such places as community service organizations, offices of legislators, or departments of state and local government.

CONTACT AGENCY

In most situations, the local agency which will accept applications for a certain program can be identified by a community organization or legislator. However, this is not always true. Potential applicants should be aware that many programs vary due to state or community decisions and circumstances. For example, many programs are administered at the local level by a "county" government. Yet, unlike the other states, Louisiana is divided into "parishes" rather than counties. Information from a federal source may not specify this distinction. Likewise, a program may have one federal name and a different state name. Medicaid is the federal name for a major health program. In California, Medicaid is referred to as "Medi-Cal"—a state name. Also, programs with vastly different eligibility standards may have very similar federal

names. Medicare and Medicaid are two major health programs. Although the federal names and the benefits are similar, these are separate programs.

When the information is not otherwise available, the appropriate contact agency where applications are filed may be identified by a series of inquiries. This process will require an understanding of how programs are commonly administered. Some programs are administered solely by the federal government. For example, Social Security Disability Insurance is administered by the Social Security Administration. The location of a local office can be found in the telephone directory listed under "Social Security Administration" or "United States Government, Health and Human Services, Social Security Administration." Administration of other programs can be much more complex. It is common for the federal government to prescribe general program guidelines and encourage each state to establish specific program standards which comply with the federal guidelines. A federal agency will administer the federal involvement in the program, and a state agency will be responsible for the state's participation. Furthermore, the state agency will designate the local contact agency where applications may be filed.

When the administration of a program is shared by agencies at the federal, state, and local levels, the local contact agency can be identified by the following process. A federal legislator's office should be able to identify the federal administrative agency for a specified program. (This *Guide* identifies the federal agency for most programs.) Federal agencies have a national office and several regional offices across the nation. The national office of the federal agency can identify the regional office which has jurisdiction in the state of interest to the potential applicant. (The Appendix identifies the federal region number for each state.) In turn, the federal regional office can identify the name and location of the primary state agency for a particular state within that region. Finally, the state agency can identify the name and location of the local contact agency. In sum, five contacts are involved in this process.

(1) Federal Legislator . . .

Federal Administration
(2) National Office
(3) Regional Office . . .

State Administration
(4) State Agency
File Application . . . . . (5) Local Contact Agency

Although the process outlined above is somewhat awkward, it should resolve problems caused by variations at the state or local level. Unfortunately, this process cannot address a very basic problem. That is, state participation is voluntary in many programs. While the federal government offers incentives for states to participate in major assistance programs, a state government may elect not to participate and, therefore, the program may not be available in that

state. (For example, Arizona elected not to participate in the Medicaid program so the benefit is not available in that state.)

ELIGIBILITY STANDARDS

Most programs operate in accordance with explicit eligibility standards designed to achieve a specified program objective. Supplemental Security Income, for instance, is intended to assure a minimum level of income for aged, blind, and disabled persons. To achieve this objective, the program follows very specific guidelines which determine financial need and disability status. However, in response to eligibility variations at the state level (and other factors), reference guides to financial resources (including this *Guide*) tend to condense specific eligibility standards into general statements. Certainly, some reliability is sacrificed when general statements are used. Thus, a person seeking assistance should interpret general statements on eligibility in a liberal manner. It is very important to formally apply for a benefit, even when eligibility is questionable. Without having a written application on file, it is unlikely that the individual circumstances of an applicant will be related to the specific eligibility standards of a program.

SPECIAL NEEDS

Many programs have provisions to meet special needs. Processing an application, for example, often requires many weeks or longer. Under certain conditions, it may be possible to receive emergency benefits while the application is being processed. Similarly, a source of income that would usually prevent eligibility for a benefit may be excluded from consideration if the income is used for a specific purpose (i.e., to purchase vocationally necessary equipment). Frequently, these provisions may be overlooked unless the applicant provides enough information to assure that the agency accepting the application will recognize a special need. Application procedures, in general, are designed to gather information which will indicate a special need. Therefore, in a written application or a person-to-person interview, it is essential for an applicant to answer questions in a manner which fully explains his or her situation.

If the questions on a written form do not appear to address an issue the applicant feels is important, additional information should be attached to the form or written in the space titled "Remarks." Likewise, if the form does not provide sufficient space to completely answer a question, additional information should be attached to the application on a separate piece of paper.

DOCUMENTATION

Documentation of identity, age, financial status, and other factors may be requested when an application is filed. An agency may accept some documents, such as a birth certificate or bank statement, directly from the applicant. Other documents, particularly medical records, may be accepted only when obtained from a third party (i.e., the applicant's doctor). When a third party is involved, the applicant must be certain that the person or business who

will provide the information is correctly identified by accurate name and address. Also, an agency must have the written consent of the applicant to obtain certain information. Most agencies use a standard consent form for this purpose. If an applicant is concerned that the form grants authority to the agency to acquire more information than is required, the concern should be discussed with the agency, and the form may be revised to specify exactly what information may be released.

If an application for assistance is denied, or if the terms for receiving assistance appear to be inaccurate or unreasonable, it is possible to formally appeal a decision. Generally speaking, the need for a formal appeal can be avoided by providing complete and accurate information in the application process. Nonetheless, mistakes do occur, and, at times, agency personnel misinterpret program guidelines. When an applicant is dissatisfied with a decision, s/he should immediately contact the agency where the application was filed. In some cases, an informal discussion will clarify misinterpreted information and generate a decision favorable to the applicant. When the informal process fails to adequately resolve a problem, the applicant must request to file a formal appeal. Appeals will not be filed unless the applicant requests an appeal in *writing*. Many agencies inform an applicant of formal appeal procedures in the notice which denies or restricts an application. (This information is usually on the back side of the notice from the agency.)

In the event an individual elects to pursue a formal appeal, s/he should recognize three very fundamental principles:

A. *Do not* get angry at the agency personnel! Even if the applicant's anger is justified, emotional confrontations will adversely affect the situation.
B. File the formal written appeal immediately. After a specified period of time (as short as ten days), it becomes more difficult to engage in the appeal process.
C. Seek legal advice. A lawyer is not necessary; yet, advocates such as the Legal Aid Society may increase the chance of a successful appeal. Also, do not delay in seeking advice. Frequently, an individual will contact an advocate just prior to the scheduled date for an appeal and the advocate will have insufficient time to research the relevant information.

III. BASIC NEEDS—CASH GRANTS

PROGRAM IDENTIFICATION

Formal Name: Social Security Disability Insurance
Common Name: SSDI or DI

PURPOSE

Social Security Disability Insurance pays a wage-related benefit intended to compensate for earnings which are lost when a worker becomes totally disabled. SSDI provides benefits to disabled workers and their families. These benefits include payments to dependent children, the caretaker parent of a dependent child, and the disabled spouse of a disabled worker. Disability benefits are also available for certain dependents of retired workers and survivors of deceased workers.

ELIGIBILITY STANDARDS

Social Security benefits cover close to 90 percent of all workers in the United States. Covered work includes employment or self-employment where FICA taxes are paid from earnings. Workers who are *not* covered include: federal civilian employees, some state government employees, some agricultural and domestic workers, and some employees of nonprofit organizations.

Eligibility for SSDI is determined by the amount of covered work performed by a worker, the worker's age, and the onset of a disabling condition. To be considered "disabled," an individual must be unable to engage in any substantial gainful activity due to a visual, physical, or mental impairment which will result in death or which can be expected to last for a continuous period of not less than twelve months. Age, education, work experience, and the disabling condition will be evaluated to determine if an applicant can engage in substantial gainful activity.

A disabled worker is entitled to SSDI beginning with the first month in which s/he meets all of the following conditions:

A. Is determined to be disabled and
B. Has performed sufficient employment in work covered by Social Security and

C. Has completed a five-month waiting period between the onset of the disabling condition and the filing of an application and
D. Has not attained the age of 65.

Benefits may be payable to a disabled worker's disabled widow, disabled surviving wife, disabled widower, or to a dependent child who was disabled before attaining age 22. Benefits may also be payable to dependents of the disabled worker who are not disabled but who are under the age of 18, or between the ages of 18 and 21 and who are full-time students.

BENEFITS AVAILABLE

Eligible workers and their eligible family members receive a monthly cash benefit. The benefit provided to a disabled worker will reflect a percentage of his or her average lifetime earnings in covered employment. The benefit provided to dependents or a spouse will reflect a percentage of the primary benefit awarded to the worker. Benefits are adjusted annually in response to increases in the cost of living.

APPLICATION PROCESS

Applications for Social Security Disability Insurance can be filed at the local Social Security Administration office. Requests for information and applications should be directed to the Social Security Administration office in the applicant's community. A local office is listed in the telephone directory under "Social Security Administration" or "United States Government, Health and Human Services, Social Security Administration."

ADDITIONAL COMMENTS

A. Workers can check their Social Security earnings record by sending a "Request for Statement of Earnings Form" (FORM OAR-7004) to:

   Social Security Administration
   P.O. Box 57
   Baltimore, MD 21203

B. The Social Security Disability Amendments of 1980 were enacted on June 9, 1980. The provisions of the law will take effect by January 1981; however, as of this writing, no regulations have been published. The Amendments somewhat liberalize the definition of substantial gainful activity. Thus, individuals who have formerly applied for Disability Insurance (or Supplemental Security Income) and were denied benefits because they were not considered "disabled," should file a new application after December 30, 1980. Other provisions of the Amendments are designed to encourage beneficiaries to attempt vocational rehabilitation which will lead to financial self-support. To be entitled to these provisions, an individual must first be awarded DI benefits.

Two aspects of the Amendments will have a negative impact on individuals who file for DI after June 30, 1980. The new manner in which DI benefits are calculated will cause workers under the age of 47 to receive a smaller monthly DI grant than under the former method. Also, persons who are awarded DI on the basis of an application filed after June 30, 1980, will be entitled to a lower maximum benefit for dependents than allowed prior to the Amendments of 1980. (To assure that the new restrictions do not discourage current beneficiaries from attempting vocational rehabilitation, these two provisions will not affect an individual who was entitled to DI prior to enactment of the law. For example, if an individual who entered the DI program in 1976 engages in substantial gainful activity and loses his/her benefits, then s/he could return to the program after June 30, 1980, and still be entitled to the more liberal provisions which existed prior to the Amendments.)

PROGRAM IDENTIFICATION

Formal Name: Social Security Retirement Insurance

Common Name: RI, or old-age insurance benefits

PURPOSE

Originally, Social Security Retirement Insurance was intended to pay a wage-related benefit to compensate for earnings lost when a worker retires. Amendments to the Social Security Act have entitled workers age 62 or over to receive benefits if they meet the conditions outlined below even if they continue to engage in employment. Benefits are also available to dependents of an RI beneficiary, and certain special benefits may be payable to persons age 72 or over.

ELIGIBILITY REQUIREMENTS

Social Security protection covers close to 90 percent of all workers in the United States. Covered work includes employment or self-employment where FICA taxes are paid on earnings. Workers who are *not* covered include: federal civilian employees, some state government employees, some agricultural and domestic workers, and some employees of nonprofit organizations.

To be eligible for RI a worker must have performed sufficient work in employment covered by Social Security. However, it is not necessary to be "fully insured" (performing a specified level of covered work) for certain RI benefits.

A worker is entitled to Retirement Insurance benefits if s/he:

A. Either:
   1. Has reached age 62 and is fully insured, or
   2. Has reached age 72 before 1969 and, even though not fully insured, meets certain requirements on the amount of work performed in covered employment.

B. Has filed an application for Retirement Insurance.

A wife of a worker is entitled to a wife's insurance benefits based on her husband's Social Security work record if:

A. Her husband is entitled to Retirement or Disability Insurance benefits and
B. She has filed an application for wife's benefits and
C. She is not entitled to Retirement or Disability Insurance from her own earnings record which is equal to or larger than one-half of her husband's benefit and
D. She either:
   1. Is age 62 or older (however, if her husband is entitled to RI only because he is age 72 or over and not fully insured, she must have attained age 72 before 1970) or
   2. Has in her care a child under age 18, or over 18 and disabled, who is entitled to benefits based on her husband's Social Security work record and
E. She meets *one* of the following conditions:
   1. She has been married to her husband for at least one year just before she filed her application for benefits or
   2. She is the mother of her husband's son or daughter; this requirement is met if she has borne her husband a live child (though the child need not still be living when she files for benefits) or
   3. She was entitled or potentially entitled to wife's, widow's, parent's, or childhood disability benefits in the month before the month she married her husband or
   4. She was entitled or potentially entitled to a widow's, parent's, or child's (over age 18) annuity under the Railroad Retirement Act in the month before the month she married her husband.

A husband of a worker is entitled to husband's insurance based on his wife's Social Security work record if he meets the requirements listed under wife's insurance. A divorced wife may, in some cases, be entitled to wife's insurance; however, a divorced husband is not entitled to benefits based on the Social Security record of a former wife.

A child is entitled to benefits based on the Social Security work record of a parent if:

A. An application for child's insurance is filed and
B. The child is (or was) dependent upon the parent and
C. The child is unmarried and
D. The child is *one* of the following:
   1 Under age 18 or
   2. Age 18 through 21 and a full-time student or
   3. Age 18 or over and has a disability which must have begun before age 22 and
E. The parent meets *one* of the following:
   1. Is entitled to Disability or Retirement Insurance or
   2. Died and was either fully insured or currently insured at the time of death.

Under certain conditions, a dependent grandchild or stepchild of an insured worker or insured worker's spouse may qualify as a "child."

BENEFITS AVAILABLE

Eligible workers and their eligible family members receive a monthly cash benefit. The benefit provided to a retired worker will reflect a percentage of his or her average lifetime earnings in covered employment. An insured worker may begin receiving RI benefits at age 62 or at age 65. If the worker elects to begin benefits before age 65 s/he will receive a reduced monthly payment and the reduction will continue after age 65 is attained. The benefit provided to dependents or a spouse will reflect a percentage of the primary benefit awarded to the worker. Benefits are adjusted annually in response to increases in the cost of living.

APPLICATION PROCESS

Applications for Social Security Retirement Insurance can be filed at the local Social Security Administration office. Requests for information and applications should be directed to the Social Security Administration office in the applicant's community. A local office is listed in the telephone directory under "Social Security Administration" or "United States Government, Health and Human Services, Social Security Administration."

ADDITIONAL COMMENTS

Workers can check their Social Security earnings record by sending a "Request for Statement of Earnings Form" (FORM OAR-7004) to:

Social Security Administration
P.O. Box 57
Baltimore, MD 21203

PROGRAM IDENTIFICATION

Formal Name: Social Security Survivors' Insurance
Common Name: Survivors' Benefits

PURPOSE

Survivors' benefits are provided to compensate for the loss of earnings when a worker dies. (If the worker was insured under the Railroad Retirement Act, survivors' benefits may be provided under that Act rather than under the Social Security Act.)

ELIGIBILITY REQUIREMENTS

A widow is entitled to widow's insurance benefits if:

A. She is age 60 or over, or between ages 50 and 60 and disabled as defined for Disability Insurance and
B. Her husband was fully insured at the time of his death and
C. She is not entitled to a Retirement Insurance benefit that is equal to or larger than her husband's insurance amount and
D. She files an application for widow's insurance benefits and
E. She is either unmarried or under age 60 and
F. *One* of the following conditions is met:

1. She was married to the deceased worker for at least nine months just before he died or
2. She is the natural mother of the son or daughter of the deceased worker (this requirement is met if she has borne her husband a live child, but the child need not still survive) or
3. She legally adopted the worker's child during their marriage and the child was not yet 18 years old or
4. She was legally married to the worker when they both legally adopted a child under age 18 or
5. The worker legally adopted her child during their marriage and before the child reached age 18 or
6. She was entitled or potentially entitled to wife's, widow's, parent's, or childhood disability benefits, under the Social Security Act (or, a similar benefit under the Railroad Retirement Act) in the month before the month she married the deceased worker.

A surviving divorced wife may be entitled to widow's insurance benefits if:

A. She is age 60 or over, or she is between ages 50 and 60 and disabled and
B. Her husband was fully insured at the time of his death and
C. She is not married and
D. She meets the requirements of (C) and (D) listed under widow's insurance above.

A widower is entitled to widower's insurance benefits based on requirements similar to those listed for widow's insurance. There are no benefits for a surviving divorced widower.

A surviving child is entitled to child's insurance benefits if:

A. The worker-parent was either fully insured or currently insured at the time of death and
B. The child is the child of the deceased worker and
C. The child is *one* of the following:

1. Under age 18 or
2. Age 18 through 21 and a full-time student or
3. Age 18 or over and was disabled before age 22 and

D. The child was dependent on the deceased worker and
E. The child is not married and
F. An application for child's insurance benefits is filed.

A widow or widower may be entitled to mother's insurance benefits or father's insurance benefits if s/he cares for a child of the deceased worker who is under age 18, or disabled; and, is entitled to child's insurance benefits. Also, a parent who is at least 62 and who was dependent on a deceased worker may be entitled to parent's insurance benefits.

BENEFITS AVAILABLE

Individuals who are eligible for survivors' insurance will receive a monthly cash grant. The amount of the payment will be determined by the Social Security earnings record of the deceased worker. The beneficiary may receive the full primary benefit of the deceased worker or a percentage of the primary benefit. The percentage is determined by the type of insurance (i.e., wife's insurance, child's insurance, or parent's insurance).

Also a lump-sum death payment may be made based on the Social Security record of a worker who dies fully insured or currently insured. The lump sum may be paid in addition to any monthly survivors' insurance benefits that are due. (Applications for lump-sum death payments must be filed within two years after the date the worker died.)

APPLICATION PROCESS

Applications for Social Security Survivors' Insurance can be filed at the local Social Security Administration office. Requests for information and applications should be directed to the Social Security Administration office in the applicant's community. A local office is listed in the telephone directory under "Social Security Administration" or "United States Government, Health and Human Services, Social Security Administration."

PROGRAM IDENTIFICATION

Formal Name: The Railroad Retirement Act and the Railroad Unemployment Insurance Act

Common Name: Railroad Retirement Benefits or Railroad Benefits

PURPOSE

The Railroad Retirement Act and the Railroad Unemployment Insurance Act are intended to provide protection for persons who work for railroads and certain companies closely connected with the railroad industry.

ELIGIBILITY STANDARDS

Retirement annuities are payable as early as age 60. Eligibility is determined by the age of the railroad worker and the length of service in railroad employ-

ment. Individuals who are approaching retirement age should check with the Railroad Retirement Board as there are advantages to retiring at certain points.

Disability annuities are available to individuals who become totally disabled (unable to perform any work) and who have worked at least ten years in railroad employment. Individuals who are not totally disabled, yet, who cannot continue their regular job due to disability may receive benefits if they have worked at least twenty years in railroad employment.

Under certain conditions, children, spouses, or parents of a railroad worker may receive benefits based on the worker's benefit level or the worker's employment record.

Unemployment insurance is available to qualified workers who have been out of a job because of unemployment or illness. Payments are possible after benefits for other programs (salary, vacation pay, etc.) have been exhausted. There are qualifications regarding the length of railroad service, recency of employment, and past earnings. There are also special requirements regarding availability for work, incapacity, and registration or application for potential employment.

BENEFITS AVAILABLE

The duration of payments and the amount payable are limited. The Railroad Retirement Board makes decisions and initiates payments.

APPLICATION

Specific information on eligibility or claims should be directed to the Railroad Retirement Board. Offices are located in major cities and representatives regularly visit many locations. Telephone directories or local post offices are sources of information regarding addresses and schedules of visits. Pamphlets are available from Railroad Board offices or by writing to:

Information Service
U.S. Railroad Retirement Board
844 Rush Street
Chicago, IL 60611.

PROGRAM IDENTIFICATION

Formal Name: The Federal Coal Mine and Safety Act
Common Name: Black Lung Benefits

PURPOSE

Black Lung benefits are intended to provide assistance to coal miners and their dependents if pneumoconiosis (a chronic dust disease of the lung) causes total disability or death.

ELIGIBILITY

To be eligible for Black Lung benefits a miner must be a coal miner and be totally disabled by pneumoconiosis which is directly related to employment in the nation's coal mines.

Survivors of a deceased coal miner may receive benefits if the miner was entitled to Black Lung benefits at the time of his death, or if he died from pneumoconiosis. Factors such as age, marital status, student status, or disability determine if a miner's widow, child, parent, brother, or sister is eligible for survivors' benefits.

Black Lung benefits will be reduced if state worker compensation, unemployment insurance, or state disability insurance is provided on account of the miner's pneumoconiosis.

BENEFITS

The Black Lung program will provide a standard monthly grant to a totally disabled miner. The basic grant will be increased if the miner has a wife, child, or children who are dependent on his support. A widow's basic grant is the same as a miner's and is also increased if she has a dependent child or children.

An eligible child, parent, brother, or sister of a deceased miner will receive the same monthly grant as a miner.

APPLICATION PROCEDURE

Applications for Black Lung benefits may be filed at any office of the Social Security Administration. A local office is listed in the telephone directory. An application must be filed for an individual to be entitled to Black Lung benefits. With the exception of child survivor benefits, no benefits can be paid for the months before the application was filed. Additional information may be obtained from the United States Departmen. of Labor.

PROGRAM IDENTIFICATION

Formal Name: Unemployment Insurance

Common Name: UI

PURPOSE

Unemployment Insurance or Compensation Programs are primarily administered and financed by individual states. The federal government provides additional benefits to workers when either state benefits are exhausted or workers are not covered by the state system. UI is designed to assist unemployed workers by providing cash payments for a limited time while they seek new employment.

ELIGIBILITY STANDARDS

Eligibility for UI varies from state to state. Basically, states require that an applicant be employed for at least a specified amount of time or receive a specified amount of earnings prior to drawing unemployment benefits. Workers must be unemployed due to layoff or firing (without good cause) and must be willing to seek new employment while drawing benefits.

The federal government provides supplementary benefits to workers who are not covered by any state program, or who lost their jobs due to a major disaster, or whose state benefits are exhausted. Federal benefits are contingent on an agreement with the state to administer them and in most cases on a high unemployment rate nationwide.

BENEFITS AVAILABLE

UI provides for cash benefits to workers at a level equal to a percentage of their past earnings. Benefits last anywhere from one to thirty-four weeks. During times of high unemployment, the federal government provides emergency UI assistance for workers who are not covered by state plans.

APPLICATION PROCESS

Applicants should apply to their state employment services for UI benefits. Specific eligibility criteria and benefit levels can be obtained at the state offices. For additional information regarding UI contact:

Employment and Training Administration
Department of Labor
Washington, DC 20210.

PROGRAM IDENTIFICATION

Formal Name: Federal Employees' Compensation Program and State Workers' Compensation

Common Name: Workers' Comp.

PURPOSE

The federal government provides benefits to federal employees who are disabled while in the performance of their duties in service to the U.S. or who became sick or disabled as a result of their employment. State workers' compensation benefits vary from state to state. State benefits are mentioned here only because they parallel the federal system (i.e., similar type of eligibility requirements and benefits) and cover a large number of employees, both state and private.

ELIGIBILITY STANDARDS

All federal employees and federal program volunteers (e.g., Reserves, ACTION, Peace Corps, Teachers' Corps) are covered by the federal workers' compensation system. All other employees should check with their individual employers or state governments to see if they are covered by a state plan.

Under the federal program, employees are covered if they sustain a:

A. Traumatic injury, which is a wound or other condition of the body caused by external force, including stress or strain, which can be identified as to a particular time (within one day or shift), place, and part of the body or
B. Occupational disease, which is an employment-related disease, not traumatic.

BENEFITS AVAILABLE

The following benefits are available under the Federal Employees' Compensation Program:

A. Payments based on the disability incurred. The Department of Labor has developed a payment schedule based on the severity of the injury. Injured workers are compensated at 66 percent of their normal rate of pay (75 percent if the worker has one or more dependents and/or they are given a specific payment for the loss of use of a part of their bodies).
B. Medical expenses. The federal government pays for all reasonable medical expenses incurred as a result of the injury.
C. Burial expenses. The federal government will pay up to $800 funeral costs of an employee who dies as a result of his/her employment.
D. Death benefits. The surviving spouse of a deceased employee will receive 50 percent of the employee's pay until s/he dies or remarries. If the deceased employee had dependent children, the surviving spouse will get 45 percent of the employee's pay and 15 percent for each dependent child, up to a total of 75 percent of the employee's pay.

APPLICATION PROCESS

An injured employee should immediately file written notice with his/her employer upon sustaining a job-related injury. An employee must file a claim with the federal government within three years of the injury. Employers should provide the necessary federal application forms. Additional information can be obtained from:

Office of Worker's Compensation Programs
Compensation Standards Administration
United States Department of Labor
Washington, DC 20211.

PROGRAM IDENTIFICATION

Formal Name: Supplemental Security Income
Common Name: SSI

PURPOSE

The SSI program is intended to assure that aged, blind, or disabled persons who are financially needy have sufficient income to meet basic living needs. To accomplish this intent, SSI will supplement the income available to an individual or couple up to a federally established minimum income level. A state may elect to provide a "state supplemental payment" (SSP) to increase the established minimum income level for residents of that state.

ELIGIBILITY STANDARDS

SSI benefits are made available to applicants based on the following criteria:

A. Applicants must be aged, blind, or disabled.
   1. Aged applicants are those individuals who are 65 years of age or older.
   2. Blind applicants are those individuals with impaired vision of 20/200 in the better eye with corrective lens, or a 20 percent or less visual field.
   3. Disabled applicants are those individuals unable to engage in substantial gainful activity due to a physical or mental impairment which will result in death or which can be expected to last for a continuous period of not less than twelve months. Age, education, work experience, and disabling condition will be evaluated to determine if an applicant can engage in substantial gainful activity.

B. Residency. An applicant must be a United States citizen or an alien who has been admitted for permanent residency, and must have been in the United States at least thirty consecutive days before applying. The income and resources of a sponsor will affect the eligibility of an alien for three years after the alien enters the United States unless an application for SSI was filed before October 1, 1980, or, unless the blindness or disability of the alien commences after entry into the United States.

C. Income. The value of any item (such as cash or gifts) received in a calendar quarter is considered as income. Specific guidelines exist to determine what income will be considered available to meet the applicant's need. Income of a spouse or parent may be considered available to the applicant. (To create work incentives, the guidelines provide significant exclusions for income derived from employment.) Available income cannot exceed the maximum federal payment level plus the state supplemental payment, if any.

D. Resources. The value of any item received in a previous calendar quarter and available to the applicant in the current quarter is considered a resource. Specific provisions determine the allowed value of a vehicle, a home, personal effects, property necessary for self support, and other

items. The cash value of all nonexcluded resources cannot exceed $1,500 for an individual applicant or $2,250 for a couple.

BENEFITS AVAILABLE

The federal government establishes the benefit level for eligible individuals and eligible couples. The benefit level is adjusted each year to reflect cost-of-living increases. The benefit payable to a given individual will vary due to other income available to the applicant and living arrangement (institutional status, independent living, etc.). A state may elect to provide a state supplemental payment. The chart on the following page shows the current benefit in each state.

APPLICATION PROCESS

Applications for Supplemental Security Income should be filed at the local office of the Social Security Administration. Local offices are listed in the telephone directory under "Social Security Administration" or "United States Government, Health and Human Services, Social Security Administration." Any local office can provide brochures which explain SSI and related programs. A local office of the Social Security Administration can also provide information on a State Supplemental Payment (SSP), if applicable in that state.

ADDITIONAL COMMENTS

A. It will commonly require many weeks to process an application. If assistance is necessary immediately, an applicant should inquire about emergency payments.

B. When a benefit is awarded, it is retroactive to the month in which the application was filed. An applicant who files on the last day of a month may receive a full benefit for that month.

C. SSI offers substantial income and resource exemptions designed to assist an applicant or recipient with vocational rehabilitation. An individual with excess income or resources should request information about "Plans to Achieve Self Support." In essence, this provision of the SSI program enables a blind or disabled individual to exempt income and/or resources which are necessary to fulfill an approved self-support plan. Such plans must be approved by the Social Security Administration, but are discussed under Vocational Rehabilitation Services in this *Guide* because their objective is to enhance financial independence by increasing vocational abilities.

D. The Social Security Disability Amendments of 1980 were enacted on June 9, 1980. The provisions of the law will be in effect by January, 1981; however, as of this writing, no regulations have been published. The Amendments include a modest liberalization of the definition of "substantial gainful activity." Thus, individuals who have formerly applied for Supplemental Security Income (or Disability Insurance) and who were denied benefits because they were not considered "disabled," should file a new application after December 31, 1980. The Amendments also revise

INCOME GUARANTEE LEVEL FOR DISABLED PERSONS IN INDEPENDENT LIVING ARRANGEMENTS

State (administration of optional supplement)	Monthly Income Guarantee Level	
	Individual	Couple
Alabama (State)	$208.20	$312.30
Alaska (State)	335.00	502.00
Arizona (State)	208.20	312.30
Arkansas (None)	208.20	312.30
California (Federal)	356.00	660.00
Colorado (State)	221.00	442.00
Connecticut (State)	297.00	372.00
Delaware (Federal)	208.20	312.30
District of Columbia (Federal)	223.20	342.30
Florida (State)	208.20	312.30
Georgia (State)	208.20	312.30
Hawaii (Federal)	223.40	336.50
Idaho (State)	262.00	373.00
Illinois (State)	[1]208.20	[1]312.30
Indiana (State)	208.20	312.30
Iowa (Federal)	208.20	312.20
Kansas (None)	208.20	312.30
Kentucky (State)	208.20	312.30
Louisiana (None)	208.20	312.30
Maine (Federal)	218.20	327.30
Maryland (State)	208.20	312.30
Massachusetts (Federal)	324.45	494.30
Michigan (Federal)	242.29	363.44
Minnesota (State)	242.00	358.00
Mississippi (None)	208.20	312.30
Missouri (State)	208.20	312.30
Montana (Federal)	208.20	312.30
Nebraska (State)	295.00	406.00
Nevada (Federal)	208.20	312.30
New Hampshire (State)	237.00	332.00
New Jersey (Federal)	231.00	324.00
New Mexico (State)	208.20	312.30
New York (Federal)	271.41	391.78
North Carclina (State)	208.20	312.30
North Dakota (State)	208.20	312.30
Ohio (None)	208.20	312.30
Oklahoma (State)	287.20	470.30

INCOME GUARANTEE LEVEL FOR DISABLED PERSONS IN INDEPENDENT LIVING ARRANGEMENTS

State (administration of optional supplement)	Monthly Income Guarantee Level	
	Individual	Couple
Oregon (State)	220.20	322.30
Pennsylvania (Federal)	240.60	361.00
Rhode Island (Federal)	244.99	381.73
South Carolina (State)	208.20	312.30
South Dakota (State)	223.20	327.30
Tennessee (None)	208.20	312.30
Texas (None)	208.20	312.30
Utah (State)	218.20	332.30
Vermont (Federal)	247.00	[2]384.00
Virginia (State)	208.20	312.30
Washington (Federal)	253.30	[2]361.40
West Virginia (None)	208.20	312.30
Wisconsin (Federal)	294.40	451.50
Wyoming (State)	228.20	352.30

[1]State supplements in some cases but budgets each case individually regardless of living arrangements.

[2]State has two optional supplementation levels. This represents the higher amount payable to recipients in the state.

Note: "None" indicates no optional state supplementation. Where optional supplementation is indicated but the federal levels of $208.20 and $312.30 are shown, the state optional supplementation does not apply in the case of individuals or couples in independent living arrangements. Mandatory supplementation may apply for certain individuals who were previously on state programs in effect prior to January 1974. Optional state supplementation may also apply for other living arrangements.

Source: HEW (data as of Oct. 1, 1979).

the treatment of income received as remuneration for service in a sheltered workshop or work activity center. An individual who was formerly denied SSI eligibility due to such income should file a new application after September 30, 1980. Similarly, the Amendments terminate the deeming of a parent's income or resources to any child 18 years of age, or older. Formerly, full-time students who lived in the household of their parent(s) deemed the income and resources of the parent(s). Individuals who are 18 or over, and who were denied SSI eligibility due to the assets of their parent(s), should file a new application after September 30, 1980.

Other provisions of the Amendments are designed to encourage recipients of SSI/SSP to attempt rehabilitation which will lead to a reduction in financial

dependence on SSI. To be entitled to these provisions, an individual must first be awarded SSI benefits.

PROGRAM IDENTIFICATION

Formal Name: Aid to Families with Dependent Children
Common Name: AFDC

PURPOSE

AFDC provides subsistence payments to needy, dependent children and their caretaker parents or relatives. AFDC is administered by a state social service or welfare department and is available in all states.

ELIGIBILITY STANDARDS

AFDC payments are available to needy children who are:

A. Under 18, or under 21 if attending school
B. Deprived of parental support or care by reason of the death, continual absence, physical or mental incapacity of a parent, or the unemployment of the father and
C. Living in the home of a parent, relative, or foster parent.

Payments are also available to a caretaker parent or relative and in some circumstances to the parent's spouse. Eligibility requirements are as follows:

A. Residency—The applicant must be a resident in the state in which s/he applies for benefits or be the child of a state resident
B. Citizenship—The applicant must be a United States citizen or an alien admitted for permanent residency
C. Income—The income available to the child or caretaker cannot exceed established state levels. Income includes all earnings, assets, profits, and Social Security payments. The following sources of income are disregarded: educational loans; SSI payments; food stamps; Indian trust monies; some federal volunteer payments; CETA weekly incentive allowances; work expenses; and $30 plus one-third of monthly income from employment, a home, personal effects, a car, and $2,000 worth of assets.

BENEFITS AVAILABLE

AFDC benefits consist of a monthly cash payment. Benefit amounts vary according to the number of children in the home, income of the applicant(s), and state payment level.

APPLICATION PROCESS

For AFDC benefits, apply directly to the state social service or welfare department. Information and documentation required for application varies from

state to state; therefore, an applicant should contact his/her state agency for specific requirements.

If the state agency cannot be identified, the regional office of the Social Security Administration can assist in locating the state agency. (The Social Security Administration will *not* accept applications for AFDC.)

PROGRAM IDENTIFICATION

Formal Name: General Assistance or General Relief

Common Name: GA

PURPOSE

General Assistance or General Relief is the name for a local welfare program run by a state, county, or municipality. The programs vary substantially from locality to locality but are basically designed to provide minimal subsistence benefits to people who do not qualify for any other form of government relief.

ELIGIBILITY STANDARDS

As mentioned above, general assistance and relief vary considerably from program to program. Generally, only people who are not eligible for any other form of relief and who have a *very* small income or no income are eligible. The only form of relief which cannot be used to deny or diminish GA benefits are food stamps. (Food Stamp legislation provides that people who are eligible for food stamps cannot have their other forms of public assistance denied, taken away, or reduced just because they receive food stamps).

BENEFITS AVAILABLE

Benefits also vary substantially from locality to locality. Although most states have some form of GA, there are some which do not have any program. Those states or localities which provide aid do so in the form of either cash payments or vouchers for food and rent. Benefits are usually *very* minimal.

APPLICATION PROCESS

Inquiries regarding GA can be made at state or local welfare offices. Generally persons who apply for other forms of government relief will be referred for GA benefits if they are ineligible for all other relief.

IV. HOUSING

PROGRAM IDENTIFICATION

Formal Name: Public Housing Program
Common Name: Same

PURPOSE

The purpose of the Public Housing Program is to provide decent, safe, and sanitary housing for low-income residents at rents they can afford.

ELIGIBILITY STANDARDS

Eligible applicants include low-income families and low-income individuals who are elderly, disabled, or displaced.

BENEFITS AVAILABLE

The federal government subsidizes local public housing authorities for financing the acquisition and construction of dwellings. Eligible program participants (tenants) pay up to 25 percent of their adjusted income as rent. Five percent of all newly constructed units will be designed barrier-free.

APPLICATION PROCESS

Applications and additional information for public housing can be obtained at the local public housing authority, Indian Housing Authority, or the United States Department of Housing and Urban Development (HUD) area offices.

PROGRAM IDENTIFICATION

Formal Name: Housing Assistance Payments (Section 8, U.S. Housing Act of 1937)
Common Name: HAP, Section 8

PURPOSE

The purpose of the HAP, Section 8 program is to provide rent assistance payments on behalf of low-income and very low-income people for occupancy of newly constructed, substantially rehabilitated, or existing housing which may be privately owned, or the property of HUD.

ELIGIBILITY STANDARDS

Persons eligible for HAP, Section 8 are very low-income families or individuals (whose income does not exceed 50 percent of the median income for the area) and lower-income families or individuals (whose income does not exceed 80 percent of the median income for the area). This includes elderly and handicapped individuals and couples.

In addition to income limitations, individuals who receive HAP, Section 8 assistance must conform with maximum rent limits, limits on the number of bedrooms in the unit to be occupied, and a general housing inspection regarding the quality of the unit to be occupied.

BENEFITS AVAILABLE

The HAP, Section 8 program provides a flexible subsidy for program participants for most rental housing on the market. Subsidy payments are equal to the difference between the full rental value of the dwelling and the amount of rent paid by the eligible family or individual. The eligible person's contribution toward the monthly rent is determined by a formula and may vary between 15 and 25 percent of the individual's income depending upon such factors as income level, family size, and extraordinary expenses such as high medical costs which the family must support. In all cases, the Rent Assistance Payment will be sent directly to the landlord. The eligible individual or family will also provide their contribution directly to the landlord.

APPLICATION PROCESS

Applications for HAP, Section 8 assistance should be filed at the local public housing authority or the area office of the Department of Housing and Urban Development (HUD). These offices are listed in the telephone directory. In general, the application process may be presented as a series of six steps:

1. Application. The applicant completes an application form and his/her name is placed on a waiting list from which s/he will be selected in turn. (Due to the demand for HAP, Section 8 subsidies, the waiting list may be extremely long—i.e., six months to two years.)
2. Briefing. The applicant who is selected from the waiting list attends a briefing session where s/he receives information about how the Section 8 program works and what the applicant must do to receive rent assistance payments.
3. Certification. The applicant receives a certificate which allows him/her to look for housing that is in good condition. The certificate will state all restrictions such as the maximum rent limit.

4. Housing Selection. Within sixty days *the applicant* must find housing that is in good condition and within the maximum rent limits. The applicant's present dwelling may qualify. Also, the applicant must explain how the HAP, Section 8 program works to the landlord.
5. Request for Lease Approval. The applicant and the landlord submit a "Request for Lease Approval" to the Housing Authority.
6. Housing Authority Review. The housing authority inspects the dwelling to make sure that it is in good condition and that the rent is appropriate. If approved, the housing authority enters into a contract with the landlord in order for Rent Assistance Payments to begin.

ADDITIONAL COMMENTS

A. Landlord participation in the HAP, Section 8 program is entirely voluntary. Similar to other government programs, Section 8 Rent Assistance Payments are subject to the vagaries of bureaucracy. Accordingly, the availability of appropriate housing may be limited when landlords are discouraged from participating in the program due to "red tape."

B. Some states may have special standards for distributing Section 8 subsidies. For example, California allocates a certain number of subsidies to a targeted population. Named the "After Care Program," the state law is intended to benefit three groups: (1) physically handicapped persons, (2) developmentally disabled individuals, and (3) individuals with mental disorders. The limited number of Section 8 rent subsidies committed to the After Care Program are distributed on this priority basis:

   First priority: Individuals who are among the targeted group and who are currently living in an independent living arrangement, but, who are in danger of losing their independence if they do not receive a rental assistance subsidy.

   Second priority: Individuals who are among the targeted group and who are currently residing in an institution, yet, who can move into an independent living arrangement if provided a rental-assistance subsidy.

   Third priority: Individuals who are among the targeted group, but who do not meet the requirements for the first two priorities.

PROGRAM IDENTIFICATION

Formal Name: Regular HUD-FHA Loans
Section 203 (b)

Common Name: Sec. 203 (b)

PURPOSE

The purpose of Section 203 (b) loans is to allow the average homebuyer to purchase new and existing family dwellings of from one to four units.

ELIGIBILITY STANDARDS

HUD requires no special income limits under this program. The applicant must merely demonstrate that s/he is able to make the necessary payments.

BENEFITS AVAILABLE

Down payments on Section 203 (b) loans require 3 percent of the first $25,000 and 5 percent above that figure.

The mortgage term under this plan is thirty years and the buyer must occupy the property. The current interest rate is 14 percent plus one-half percent for insuring. Homes are insured for up to $67,500.

APPLICATION PROCESS

Applications and information can be obtained from sources such as HUD area offices which are listed under the Public Housing Program.

PROGRAM IDENTIFICATION

Formal Name: Rehabilitation Loans, Section 312, Housing Act of 1964

Common Name: Rehabilitation Loans, Section 312

PURPOSE

The Rehabilitation Loans Program provides direct federal loans for financing rehabilitation of residential and business properties in urban renewal, code enforcement, block grant, and urban homesteading areas.

ELIGIBILITY STANDARDS

All property owners or renters in the areas specified in the program purpose above.

BENEFITS AVAILABLE

Loans can be obtained for the rehabilitation of properties including financing the removal of architectural barriers. Direct loans of up to $27,000 (45 percent more in high-cost areas) are available. Loans currently bear an interest rate of 3 percent for terms not exceeding twenty years, or three-fourths of the remaining life of the structure after rehabilitation, whichever is less.

APPLICATION PROCESS

Applicants should apply for loans directly to the local public body responsible for code enforcement. (Refer to the Public Housing Program for more information.)

PROGRAM IDENTIFICATION

Formal Name: Homeownership Assistance, National Housing Act of 1934, Section 235 (i)

Common Name: Section 235

PURPOSE

The purpose of the Homeownership Assistance Program, Section 235 is to enable eligible families to afford new or rehabilitated homes by providing them with homeownership subsidies.

ELIGIBILITY STANDARDS

Eligible families are those families with an adjusted income of up to 95 percent of the area median income. A family is: two or more persons related by blood, marriage, or operation of law; a handicapped person who has a physical impairment which is expected to be of continued duration which substantially impedes his or her ability to live independently and which would be improved by more suitable housing; or, a single person 62 years of age or older.

BENEFITS AVAILABLE

Direct cash subsidy payments are made by HUD to a mortgagee on behalf of a participating family to reduce mortgage interest costs to as low as 4 percent. The homeowner must contribute at least 20 percent of adjusted gross income toward monthly mortgage, insurance, and tax payments on a newly constructed or substantially rehabilitated home which can be a detached single-family dwelling, townhouse, condominium, cooperative unit, or mobile home.

APPLICATION PROCESS

Application for Homeowners Assistance should be made either to HUD Area Offices or FHA-approved lending institutions. Additional information will be provided by the Department of Housing and Urban Development.

V. FOOD

PROGRAM IDENTIFICATION

Formal Name: Food Stamp Program
Common Name: Food Stamps

PURPOSE

The Food Stamp Program is a nationwide, federally funded program aimed at raising the nutrition levels of low-income households. The program is administered by the states on a local level. Food stamps are available in all 50 states, Guam, and the Virgin Islands. (Individuals who receive SSI or a state supplemental payment in California, Wisconsin, or Massachusetts may not apply for Food Stamps because a food allotment is included in the grant.)

ELIGIBILITY STANDARDS

Eligibility is determined by the total income and assets of the household unit. A household may include one person or a number of people who purchase and prepare food together.

A. Income. Eligible households fall below 125 percent of the federally established poverty level for income. Income includes all earned and unearned income minus certain exemptions such as standard deductions for child care, shelter, and earnings.
B. Assets. Assets cannot exceed $1,750 per household or $3,000 per household where a member of the household is 60 years or older. Assets include cash, savings, property, and some cars. The following items are not included as assets: a home, some insurance policies, personal effects, some cars, and Indian lands.
C. Residency. There is no durational or fixed residency requirement (e.g., a migrant campsite dweller would be eligible).

BENEFITS AVAILABLE

The Food Stamp Program gives eligible households an allotment of coupons per month which can be used as "money" to purchase food at most food stores. Coupons are allotted on a sliding scale according to household in-

come. Amounts are adjusted by the federal government regularly to reflect changes in the price of food.

APPLICATION PROCESS

All federal assistance programs (e.g. AFDC, SSI) and many state assistance programs (e.g. General Assistance) gather information and refer applications for Food Stamps; therefore, when an individual applies for most public aid s/he is automatically considered for Food Stamps. The following normal procedure applies in cases where Food Stamp eligibility is not automatically considered.

A. Normal Procedures. The application process consists of filling out an application form, having an interview, and providing verification of information. An application can be obtained and submitted by mail. The interview will normally take place in the Food Stamp office; but, if the applicant is unable to attend due to age or physical disability, the interview can either be waived or conducted over the phone or at the applicant's home. Information which needs to be verified consists of the applicant's identification, assets, and expenses. Documentation such as a driver's license, rent receipts, wage stubs, and bank account statements can all be used to verify required information. Applications should be processed within thirty days.
B. Expedited Services. The application can be processed in a few days in emergency situations where the household has little or no money.

Applications for Food Stamps should be made directly to the state social service or welfare department. Additional information may be obtained from the United States Department of Agriculture, Food and Nutrition Services, Washington, D.C.

PROGRAM IDENTIFICATION

Formal Name: Special Supplemental Food Program for Women, Infants, and Children

Common Name: WIC

PURPOSE

The WIC Program is a federally funded, locally administered program designed to provide supplemental nutritious foods to women, infants, and children in critical times of growth and development to prevent the occurrence of health problems.

ELIGIBILITY STANDARDS

The WIC Program serves pregnant women, new and nursing mothers, or children under 5 years of age who are at nutritional risk. Nutritional risk means

having: a poor diet, inadequate growth patterns, or a medical history of nutrition-related problems in the family (e.g., anemia, miscarriages, premature births). Participants must also meet the income requirements set by the federal government.

BENEFITS AVAILABLE

All fifty states participate in the WIC Program but benefits are not necessarily available in all localities. States may administer the program in various ways including direct distribution of food at designated centers, home delivery of food to eligible persons, and distribution of vouchers which can be used to purchase certain types of food at retail food stores. WIC provides vouchers for distribution of foods which supplement the regular diet with iron and protein-rich foods, such as eggs, cheese, milk, juice, cereal, and infant formula.

APPLICATION PROCESS

Information on how to apply can be obtained at state or county health departments. Additional information can be obtained from the United States Department of Agriculture, Food and Nutrition Services, Washington, DC.

ADDITIONAL COMMENTS

Additional food services may be available to children through the National School Lunch and Breakfast Programs, Summer Food Program, or the Child Care Food Program. All public and nonprofit private schools are eligible to participate in the School Lunch and Breakfast Programs. In addition, residential institutions, preschools, and Headstart Programs may participate. The National School Lunch and Breakfast Programs are intended to provide nutritious meals to all students. The Summer Food Program is designed to accommodate those months when the regular school session is over. The Child Care Food Program serves the same intent of providing nutritious meals for children.

For a school or child care facility to receive federal financial support for these programs they must meet certain eligibility requirements. Participation in these programs is *optional* for the school or child care facility. However, if such an agency elects to participate, it must provide meals at full price, reduced price, or for free, depending on the income status of the child's family. All children must have equal access to the nutritional meals. This means that children who receive meals for free or at a reduced price must receive the same food as other children, cannot be placed in separate food lines, cannot be required to use different colored meal tickets, and so on.

Applications for free or reduced-price meals must be filed at the school or child care facility the student is attending. Additional information on these programs may be obtained from the U.S. Department of Agriculture, Food and Nutrition Service.

VI. BASIC NEEDS—GENERAL

PROGRAM IDENTIFICATION

Community Action Agency Emergency Services

PURPOSE

The Community Services Administration provides federal matching funds to localities to stimulate community action involving residents of poverty areas in planning, conducting, and evaluating programs affecting them. CSA monies are administered on the local level by Community Action Agencies (CAAs) and receive direct input from Community Advisory Committees consisting primarily of poverty community residents.

ELIGIBILITY STANDARDS

The CSA requires that the incomes of program participants fall below the federally established poverty guidelines.

BENEFITS AVAILABLE

Community Action Agencies (CAAs) provide emergency services to low-income persons such as supplemental food stamp allotments, school lunches, weatherization of homes, utility bill stipends, and transportation stipends. All services are provided at no cost to program participants. The availability of particular programs varies from locality to locality.

For example, the Department of Energy provides money for weatherization of homes and rental units. The program is administered by either the state government or CAAs. Priority funding is given to elderly and handicapped individuals and single-parent families in high energy-consuming units. All program participants must have an income level below 125 percent of the federal poverty level or be eligible for a federal public assistance program. For information regarding weatherization programs in your area, contact the Department of Energy, Washington, DC or the local Community Action Agency listed in the telephone directory.

APPLICATION PROCESS

Applicants should contact their local Community Action Agency regarding available services and application procedures in their community. The Community Services Administration can identify the location of CAAs in a particular area.

PROGRAM IDENTIFICATION

Transportation — General

PURPOSE

Federal regulations require that urban and rural transportation networks which use federal aid must have a planning process which includes special efforts to provide public mass transportation facilities and services that can effectively be utilized by elderly and handicapped persons.

BENEFITS AVAILABLE

Transportation services vary substantially among local jurisdictions. Standard programs include making public bus and rapid transit systems accessible, priority seating signs for elderly and handicapped persons, and half-price fares for elderly and handicapped persons on public transportation facilities during non-peak hours of operation.

As an example, the Metro subway system centered in Washington, DC offers a substantial discount to elderly and handicapped persons. In general, to obtain the discount an individual must provide certain documentation to the transit operator who will furnish an identification card entitling the individual to use discount tickets. With the ID card, the individual may purchase specially coded tickets from a local bank. Although enforcement is liberal, persons using the discount tickets should carry the ID card with them when using the Metro system.

APPLICATION PROCESS

For specific information regarding special transportation efforts in a particular community, individuals should contact the local transit authority or an office of the Urban Mass Transit Association (UMTA).

PROGRAM IDENTIFICATION

Formal Name: Crude Oil Windfall Profits Tax Act of 1979

Common Name: Energy Assistance Programs

PURPOSE

Beginning in October, 1980 the federal government will set aside revenues derived from crude oil "windfall profits" for programs designed to provide energy assistance to low-income persons.

ELIGIBILITY REQUIREMENTS

Each state must establish and operate, subject to federal approval, its own plan for energy assistance programs. Households eligible for assistance are those receiving Aid to Families with Dependent Children (AFDC), Supplemental Security Income (SSI), Food Stamps, certain income-tested Veteran's benefits, and households with incomes at or below the Bureau of Labor Statistics' lower living standard.

BENEFITS AVAILABLE

States must distribute the aid in the form of direct grants to individuals, tax credits, fuel stamps, or direct payments to fuel suppliers, and may request the Social Security Administration to make payments to SSI recipients.

APPLICATION PROCEDURES

As the energy assistance programs begin, most eligible households which are linked to a major cash assistance program (AFDC, SSI, Food Stamps, and certain VA programs) will automatically receive assistance without filing an application. Specific information on program benefits, eligibility requirements and application procedures are available from the office of a Congressional Representative. (These programs will begin in October, 1980.) Additional information may be obtained from the United States Department of Energy.

PROGRAM IDENTIFICATION

Formal Name: Social Security Act, Title XX—Grants to States for Services

Common Name: Title XX

PURPOSE

The federal government provides funds to states to encourage each state to furnish services directed at the goals of:

A. Achieving or maintaining self-support to prevent, reduce, or eliminate dependency
B. Achieving or maintaining self-sufficiency

C. Preventing or remedying neglect, abuse, or exploitation of children and adults unable to protect their own interests; or preserving, rehabilitating, or reuniting families
D. Preventing or reducing inappropriate institutional care by providing forms of less intensive care or
E. Securing institutional care when other forms of care are not appropriate.

BENEFITS AVAILABLE

Each state establishes programs to accomplish the goals stated above. The state establishes the specific intent and eligibility requirements for a program. (The following "In-Home Supportive Services" program is an example of a Title XX service. This program is available in all areas of California but a few other states offer similar Title XX programs under different names. Although a consistent name does not formally exist, such programs are commonly referred to as "homemaker and chore services.")

APPLICATION PROCESS

Inquiries regarding benefits available should be directed to the state social service or welfare department in each county. Community service organizations may also be aware of significant Title XX programs. (Because Title XX funds can be made available to organizations as well as to individuals, interested persons should inquire specifically about potential benefits for individuals). Information may also be obtained from the U.S. Department of Health and Human Services, Office of Human Development Services.

ADDITIONAL COMMENTS

The purpose and the benefits provided by state-established Title XX programs vary tremendously from state to state. It may be useful to request information from a variety of sources. There are very few program titles which are recognized nationally. Therefore, inquiries should specify an area of concern (i.e., in-home attendant care services or child day care) rather than a particular program title.

PROGRAM IDENTIFICATION

Formal Name: (California) In-Home Supportive Services
Common Name: IHSS

PURPOSE

In-Home Supportive Services are provided to enable aged or disabled persons to live safely and comfortably in an independent living arrangement.

ELIGIBILITY REQUIREMENTS

To be eligible for IHSS an individual must require assistance provided by the program and meet one of the following conditions:

A. Eligibility for Supplemental Security Income (SSI/SSP) or
B. Eligibility for SSI/SSP except for excess income, which must be used to purchase in-home supportive services.

Excess income is determined in accordance with SSI eligibility standards. An individual who has excess income above the SSI/SSP level from any source (i.e., employment, Disability Insurance, alimony, or Retirement Insurance) must apply the excess toward his/her assessed need for IHSS. Then, the State will provide a benefit for the remaining portion of the assessed need.

Also, certain disabled individuals may be eligible for IHSS if SSI eligibility has terminated because the individual demonstrated the ability to engage in substantial gainful activity, but did not medically recover from his/her disabling condition.

BENEFITS AVAILABLE

In-Home Supportive Services will provide for the level of care determined to be necessary in an individual need assessment conducted by a county social worker. The scope of potential services includes essential domestic services (i.e., shopping, house cleaning, or laundry services); yard hazard abatement (i.e., removing leaves or snow from a wheelchair ramp); and personal care services such as dressing, bathing, or bowel and bladder care. Certain "paramedical" services like range-of-motion exercises or catheter care may be provided if the attendant is supervised by a licensed health care professional. The total services an individual may receive are limited by a maximum monthly ceiling on the cost of the services. Providers of service (attendants) are paid bimonthly in an amount based on the actual number of hours of service they provided. In most cases the State will pay the provider of service on behalf of the IHSS recipient. However, persons who require at least twenty hours per week for certain personal care services may receive a direct cash payment at the beginning of each month which must be used to purchase the authorized IHSS assistance for that month. Under the California program, if you receive IHSS assistance, you automatically become eligible for Medi-Cal under the State program. (Medi-Cal is California's name for Medicaid.) Any IHSS recipient who requires personal care services may select his/her attendant; but, only those recipients who meet the twenty-hour provision are entitled to receive the direct cash payment.

APPLICATION PROCEDURE

Applications must be filed at the social services or welfare department in the county where the applicant resides. Upon receiving a request for In-Home Supportive Services, the county will send a social worker to the applicant's home to assess the individual's need.

ADDITIONAL COMMENTS

A. In some areas of California, it is difficult to locate a reliable provider of service even though the funds are authorized to purchase IHSS assistance. Factors such as relatively low pay for providers, isolation in rural communities, and the part-time nature of attendant work tend to complicate the effective use of individual providers and, in some cases, encourage the use of more costly service delivery methods such as contracting with a home health agency.

B. As the largest state in the nation, it is logical that California has the largest in-home support program. In fact, IHSS serves approximately 89,000 aged or disabled individuals. Yet, on a per capita basis, no other state offers a Title XX program equivalent to the scope of IHSS. Variations in similar programs in other states will focus on (1) the persons served, (2) the range of services being restricted to offer fewer personal care services, and (3) the maximum monthly ceiling on the cost of services.

C. California's IHSS program serves both aged and non-aged persons under one administrative agency and under identical guidelines. Some states have elected to divide service to these groups among two separate administrative agencies which may develop inconsistent guidelines.

D. In-home services may also be provided under the Medicaid program. Some states combine Title XX services and Medicaid services into one attendant-care program. (Additional information is provided on Medicaid services in this *Guide*.)

PROGRAM IDENTIFICATION

Formal Name: Internal Revenue Code, Exemption for the Blind

Common Name: Same

PURPOSE

This section of the Internal Revenue Code provides a form of assistance intended to partially compensate for the financial impact of blindness.

ELIGIBILITY REQUIREMENTS

To qualify for the exemption an individual must meet the following definition of blindness: Blind persons are those individuals with impaired vision of 20/200 in the better eye with a corrective lens or a 20 percent or less visual field.

BENEFITS AVAILABLE

An individual may declare one exemption if s/he is blind as defined above. The individual's spouse may also declare one exemption if s/he is blind.

APPLICATION PROCEDURE

Specific information on eligibility and filing instructions should be obtained from the Internal Revenue Service. IRS is listed in the telephone directory under "United States Government."

PROGRAM IDENTIFICATION

Formal Name: Earned Income Tax Credit

Common Name: EITC

PURPOSE

The earned-income credit is designed to help alleviate the tax burden of taxpayers with small incomes who have a child or children.

ELIGIBILITY REQUIREMENTS

The following are eligibility criteria for earned-income credit. You must:

A. Make some earned income which amounts to less than $10,000 during the tax year. Earned income includes wages, salaries, tips, anything of value from an employer for services rendered, and any earnings from self employment; (earned income does not include items such as interest, dividends, Social Security payments, welfare benefits, or veterans' benefits) and
B. Be married and file a joint return, or single and the head of the household; ("head of the household" means someone who has paid over half the cost of maintaining the household in the United States) and
C. Have a child who has lived with you during the tax year; the child must be a dependent, unless the taxpayer qualifies for head-of-household status and the child was unmarried during the tax year.

BENEFITS AVAILABLE

Eligible employees will receive a tax credit which can be deducted from taxes owed or refunded. The credit can be for up to $500. Employees can file an advance earned-income form and avoid the deduction of any taxes above the amount actually owed the government.

APPLICATION PROCEDURE

Applications for earned-income credit can be obtained from your local Internal Revenue Service office. Instructions and payment schedules are included in the "Instructions for Preparing Form 1040." Persons who wish to claim advance earned-income credit can obtain further information from Circular E, Supplement of the Employer's Tax Guide (Form W5) from an office of the United States Internal Revenue Service.

VII. HEALTH

PROGRAM IDENTIFICATION

Formal Name: Medicaid

Common Name: Same, or state-designated name such as Medi-Cal in California

PURPOSE

Through the Medicaid program, the federal government encourages states to provide health-related assistance to low-income individuals and families. Each state develops a medical assistance plan which establishes the services to be provided and specific eligibility requirements. All states, except Arizona, participate in the Medicaid program.

ELIGIBILITY STANDARDS

Individuals who receive cash assistance from Supplemental Security Income (SSI) or Aid to Families with Dependent Children (AFDC) are eligible for Medicaid coverage. With some exceptions, these recipients of cash assistance receive Medicaid coverage without contributing to the cost of covered services.

States may elect to provide Medicaid coverage to individuals who are ineligible for SSI or AFDC because they have too much income. In accordance with federal guidelines, a state will establish the level of allowable income. Any income available to the applicant which exceeds this level is treated as a "liability." Before Medicaid coverage is provided, an applicant must spend the entire liability on covered medical services.

States may also elect to provide medical assistance to indigent, medically needy persons. The eligibility criteria for such assistance is determined by the state.

BENEFITS AVAILABLE

The specific services or items covered by Medicaid will vary due to standards adopted in a particular state. Payment for a covered service or item (i.e., a prosthetic device) is sent directly to the provider of service on behalf of the recipient. Cash payments will not be given directly to a recipient. In general, an

individual can inquire about coverage of a particular item or service with his or her doctor or medical supplier.

APPLICATION PROCEDURE

The major assistance programs (SSI and AFDC) gather information and refer applications for Medicaid; therefore, when an individual applies for these programs s/he is automatically considered for health coverage. Individuals who are not eligible for SSI or AFDC due to excess income, and indigent, medically needy persons, must file an application for Medicaid at the agency designated by the state. The Social Security Administration or a county social service department can identify the agency which accepts applications for Medicaid (applicants should be cautious not to confuse Medi*caid* with a similar health program - Medi*care*). Additional information is available from the Health Care Financing Administration of the United States Department of Health and Human Services.

ADDITIONAL COMMENTS

Under Medicaid coverage, some states provide significant in-home care to persons who require assistance to remain in an independent living arrangement. Such services are usually referred to as personal care attendant services (PCA). PCA is restricted to health-related services and limited by the number of allowed "visits" per month by a provider of service. Each state may establish the scope of PCA services, if any, to be provided. Inquiries about possible state coverage should be directed to the state agency which administers Medicaid, or to the county social services department. (The reader should refer to the section in this *Guide* on "Title XX" for more information on in-home care.)

PROGRAM IDENTIFICATION

Formal Name: Hospital Insurance and Medical Insurance

Common Name: Medicare, Part A and Part B

PURPOSE

Medicare coverage provides health-related assistance to persons 65 years of age or over and certain disabled persons under age 65. Some individuals with end-stage renal disease are also covered.

ELIGIBILITY

Hospital insurance protection (Part A) is provided to:

A. Persons age 65 or over who are entitled to monthly Social Security benefits

B. Persons age 65 or over who are entitled to monthly Railroad Retirement pensions
C. Persons age 65 or over who have not performed enough work in employment covered by Social Security to be eligible for monthly cash benefits, but who do meet these requirements:
    1. Attained age 65 before 1968, or worked a specified time in employment covered by Social Security and
    2. Not entitled to regular monthly Social Security benefits or Railroad Retirement annuities and
    3. Is a U.S. citizen, or an alien who has resided continuously in the United States for five years preceding the month of application and who has been granted permanent residency.
D. Persons age 65 or over who have not performed sufficient work covered by Social Security but who do meet the following requirements:
    1. Enrolled under a special provision requiring payment of a monthly premium
    2. Filed an application for medical insurance (Medicare, Part B) and
    3. Is a U.S. citizen or alien who has resided continuously in the United States for five years preceding the month of application and who has been granted permanent residency.
E. Persons under age 65 who are entitled to Social Security Disability Insurance for at least twenty-four months and certain persons entitled to Railroad Retirement annuities on account of disability for at least thirty months
F. Persons under age 65 who have end-stage renal disease and require a kidney transplant or a source of dialysis; and who meet one of the three conditions:
    1. Has performed sufficient work covered by Social Security or Railroad Retirement or
    2. Is entitled to a monthly Social Security or Railroad Retirement benefit or
    3. Is the spouse or dependent child of a person who meets one of the above conditions.

    Persons who qualify for health insurance due to renal disease may be eligible for coverage three months after a course of dialysis begins or three months after being admitted for preparation of a kidney transplant. Eligibility will end twelve months after the course of a dialysis ends or twelve months after the kidney transplant.

Medical Insurance (Part B) is provided to:

A. Persons who are entitled to health insurance (Part A, see above); or
B. Persons who are age 65 or over and are:
    1. A U.S. citizen or
    2. An alien who has resided continuously in the United States for five years preceding the month of application and who has been granted permanent residency.

Part B medical insurance requires a monthly premium to be paid by the beneficiary, or by a third party on the beneficiary's behalf. The premium will be increased if the individual does not enroll in the program for a period in which s/he is eligible to enroll.

BENEFITS AVAILABLE

Medicare hospital insurance, Part A, covers medically necessary inpatient hospital care, inpatient care in a skilled nursing facility which follows a hospital stay, and certain in-home care provided by a home health agency.

Medicare medical insurance, Part B, covers medically necessary doctor's services, outpatient physical therapy and speech pathology, and other medical services and supplies.

Medicare covers only those services which are both medically necessary and reasonable. (Placement in a hospital or skilled nursing facility when care could be provided in the home is an example of "unreasonable" care.)

On a regional basis, the "reasonable cost" of items or services covered by Part B is determined. In general, Medicare covers 80 percent of the specified reasonable cost. If the "reasonable cost" is less than the actual cost of the item or service, the beneficiary must provide for the additional expense.

Medicare coverage may be provided in one of two methods:

A. The provider of the service or item (i.e., hospital, doctor, medical supplier) may receive payment directly from the agency administering Medicare and receive payment from the beneficiary for the portion of the reasonable cost which is not covered by Medicare. In this method, the provider must accept the "reasonable cost" as the full cost of the item or service.

B. The beneficiary may purchase a covered item or service and receive payment from the agency administering Medicare for the amount covered by Medicare. In this method, the beneficiary may purchase an item or service for more than the "reasonable cost," but will receive reimbursement based on the reasonable cost.

Medicare coverage of a specific service or item may be affected by factors such as limits on the allowed duration of a service, determinations of what is considered medically necessary and reasonable, or restrictions of the reimbursement to a designated reasonable cost. Specific information on Medicare coverage will be provided by any office of the Social Security Administration. In addition to information from the office personnel, any Social Security office offers pamphlets on Medicare and related programs.

APPLICATION PROCEDURE

Application for Medicare Part A (hospital insurance) and Part B (medical insurance) can be filed at any office of the Social Security Administration. The local office is listed in the telephone directory.

Persons who receive Social Security Retirement Insurance or Disability Insurance (for at least twenty-four months) will be automatically enrolled in Part A, hospital insurance. They will also be notified of eligibilty for Part B, medical

insurance, and will be automatically enrolled in Part B, unless they specifically refuse the coverage.

Other qualified individuals must file an application for Part A and Part B at a Social Security office. Individuals who may be eligible should inquire about coverage immediately as there are advantages to filing at certain times. Additional information is available from the Health Care Financing Administration of the United States Department of Health and Human Services.

ADDITIONAL COMMENTS

A Health Insurance Identification Card is provided to all persons found entitled to Part A or Part B coverage. This card is the beneficiary's "proof" that s/he is covered by Medicare. Although some companies produce plastic replicas of the official card, these replicas cannot be used in place of the official card issued by Medicare.

PROGRAM IDENTIFICATION

Formal Name: Internal Revenue Code, Deductions for Medical Expenses

Common Name: Same

PURPOSE

The allowed deductions for medical expenses partially compensate for the cost of certain medical care.

ELIGIBILITY REQUIREMENTS

In filing federal taxes, an individual may treat certain medical costs as deductible expenses. "Medical expenses" are those costs, including transportation and medication, which are attributed to the cure, diagnosis, mitigation, or prevention of a disease or condition.

BENEFITS AVAILABLE

Medical expenses in excess of 3 percent of adjusted gross income may be treated as deductible expenses.

APPLICATION PROCEDURE

Specific information on eligibility and filing instructions should be obtained from the Internal Revenue Service. IRS is listed in the telephone directory under "United States Government."

ADDITIONAL COMMENTS

Medical costs incurred for nursing care may be treated as a medical deductible. Also, adaptive equipment such as wheelchairs, bed lifts, modifications to a vehicle (i.e., hand controls, lifts, or wheelchair tie downs) may be treated as medical deductibles.

VIII. EDUCATION

PROGRAM IDENTIFICATION

Financial Aid - General

PURPOSE

Financial assistance to increase educational opportunities is available from a variety of sources. The assistance may be intended to benefit certain persons (e.g., low-income, minority, disabled) or may be intended to encourage study in a certain academic field (e.g., agriculture, health, forestry).

ELIGIBILITY STANDARDS

Financial assistance may be granted for many reasons. Common eligibility requirements may focus on:

Attendance at a particular school
State of residence
Academic achievement
Field of study
Financial status or
Minority status.

BENEFITS AVAILABLE

Financial benefits for education may be provided in such ways as: scholarships, stipends, and loans.

APPLICATION PROCEDURE

In general, an application for assistance should begin at the financial aid office of the school an individual attends or plans to attend. Inquiries should address the specific qualifications of the applicant like outstanding academic achievement, field of study (career objective), or financial need. Also, applicants should begin seeking assistance well before an academic session begins to meet possible filing deadlines. In addition to the school's financial aid office, prospective students should inquire at the office of education in the state where the student has legal residence, and the similar state office for the state

in which the school to be attended is located (if it is in a different state). Information on financial aid may also be obtained from the United States Department of Education.

ADDITIONAL COMMENTS

In the following sections this *Guide* presents some of the major loan programs. Comments on these programs highlight certain eligibility requirements which are common in qualifying for financial assistance. In particular, the Health Education Assistance Loan (HEAL) exemplifies the nature of assistance programs directed toward increasing academic opportunity and participation in a specific field. Similar programs exist in many other academic fields.

PROGRAM IDENTIFICATION

Formal Name: Basic Educational Opportunity Grants
Common Name: BEOG

PURPOSE

The purpose of BEOG is to provide grant monies (which do not have to be paid back) to help pay for students' post-high school education. This program is funded by the federal government and is available nationwide.

ELIGIBILITY STANDARDS

Persons are entitled to basic grants if they meet all of the following criteria:

A. United States citizenship or permanent residency status
B. Enrollment in one of more than 6,500 schools which take part in the Basic Grant Program (check with the school's financial aid office for information as to program participation)
C. Attendance at school at least one-half time
D. Not having received grants for more than four full years (except if the school program requires five years)
E. Need as defined by the BEOG eligibility formula which takes into account the difference between the applicant's educational expenses (i.e., tuition, fees, books, supplies, room, board, and miscellaneous expenses) and the amount the applicant and the applicant's family can afford to pay and
F. Not being a graduate student.

BENEFITS AVAILABLE

Grant awards under the BEOG program range from $200 to $1,800. The actual amount granted depends on the financial information, full- or part-time status, and the cost of education for each individual applicant.

APPLICATION PROCESS

Students who wish to apply for BEOG should check with their financial aid offices to see which of the following forms to complete. After indicating the appropriate form(s) to use, the school's financial aid office will provide the form or inform the applicant on how to obtain a necessary form. Such forms include:

A. Financial Aid Form (FAF) distributed by the College Scholarship Service
B. Family Financial Statement (FFS) distributed by the American College Testing Program
C. Pennsylvania Higher Education Assistance Agency (PHEAA) Form
D. Student aid application for a particular state (i.e., California SAAC)
E. United States Department of Education's Basic Grant Application Form.

PROGRAM IDENTIFICATION

Formal Name: Supplemental Educational Opportunity Grants

Common Name: SEOG

PURPOSE

The purpose of the SEOG program is to provide federal grants to particularly needy undergraduate students for post-high school education. (These grants need not be paid back.)

ELIGIBILITY STANDARDS

The eligibility standards for receipt of SEOG are the same as those for the BEOG Program. The difference, however, is that this type of aid is provided at the discretion of a financial aid officer in lieu of work-study or loans and is not an entitlement program (applicant does not automatically receive money if eligible) as is BEOG.

BENEFITS AVAILABLE

SEOG are limited in amount up to one-half of an applicant's total financial aid package.

APPLICATION PROCESS

Applications should be obtained from the school's financial aid office. Usually, but not always, the required form will be one of the forms listed under the BEOG Program. (See: Basic Educational Opportunity Grant.)

PROGRAM IDENTIFICATION

Formal Name: Guaranteed Student Loans
Common Name: GSL

PURPOSE

The purpose of the GSL program is to encourage lenders such as banks, credit unions, or savings and loan associations to help students pay for post-high school education. These loans are insured by either the federal government or a state guarantee agency.

ELIGIBILITY STANDARDS

To be eligible for GSL a student must be:

A. A citizen or permanent resident and
B. Enrolled on at least a half-time basis in one of the over 6,500 participating schools (check with the individual school for program participation).

Unlike most other federal education programs, financial need is not a criterion for eligibility.

BENEFITS AVAILABLE

Undergraduate students can borrow up to $2,500 a year. Graduate students can borrow up to $5,000 a year.

In some states these amounts may be less. The total GSL debt you can have outstanding as an undergraduate is $7,500. The total for graduate or professional study is $15,000, including any loans made at the undergraduate level.

APPLICATION PROCESS

Students should inquire at their individual schools to find out which application form is required. Usually, but not always, the required form will be one of the forms listed under the BEOG program. (See: Basic Educational Opportunity Grant.)

PROGRAM IDENTIFICATION

Formal Name: National Direct Student Loans
Common Name: NDSL

PURPOSE

The purpose of NDSL is to provide low-interest federal loans to students for post-high school education.

ELIGIBILITY STANDARDS

Students eligible for NDSL must meet the following criteria:

A. Be a United States citizen or permanent resident
B. Be enrolled at least half-time in one of the over 6,500 colleges which participate in the program (check with individual schools regarding program participation) and
C. Be financially needy (unable to meet educational expenses based on both the student's and student's family's ability to pay).

BENEFITS AVAILABLE

Students may obtain low-interest (3 percent) loans up to the following amounts:

A. $2,500 if enrolled in a vocational program, or if they have completed less than two years of a program leading to a bachelor's degree
B. $5,000 as an undergraduate student who has already completed two years of study toward a bachelor's degree and who has achieved third-year status (this total includes any amount borrowed under NDSL for your first two years of study)
C. $10,000 for graduate or professional study (this total includes any amount borrowed under NDSL for undergraduate study).

Loan repayments and interest accrual do not begin until nine months after eligibility terminates. Loans are made directly by a lending agency at 7 percent interest. Repayment of loans may be deferred under any of these three conditions:

A. Up to three years while the individual is serving in the Armed Forces, the Peace Corps, or in full-time programs conducted by ACTION/VISTA
B. A single period of not more than one year while the individual is actively seeking but unable to find full-time employment
C. Periods of full-time study at an eligible school, study in an approved graduate fellowship program, or during a course of study under an approved rehabilitation training program for disabled persons.

APPLICATION PROCESS

Applications for NDSL may be obtained from: lenders, schools, a guarantee agency, or from a United States Office of Education regional office. After filling out the application, the school which the applicant plans to attend must complete that part which certifies enrollment, the cost of education, academic standing, and any other financial aid received. The applicant then takes the application to a lender that takes part in the NDSL Program. If the lender agrees to make the loan, it gets the approval of the guarantee agency or the United States Office of Education, and makes loan payments directly to the student. Additional information for NDSL can be obtained from the United States Department of Education.

PROGRAM IDENTIFICATION

Formal Name: Health Education Assistance Loans
Common Name: HEAL

PURPOSE

The purpose of HEAL is to provide federally insured loans to graduate students pursuing a degree in one of the health professions.

ELIGIBILITY STANDARDS

Students may receive loans under the HEAL program if they meet the following criteria:

A. United States citizenship or permanent residency status and
B. Pursuit of a degree at a participating school in one of the following areas:

Doctor of Medicine
Doctor of Osteopathy
Doctor of Dentistry or equivalent
Doctor of Veterinary Medicine or equivalent
Doctor of Optometry or equivalent
Doctor of Podiatry or equivalent
Graduate or equivalent degree in public health
Bachelor or Master of Science in pharmacy or equivalent

C. Are a full-time student.

There is no financial need requirement under the HEAL program.

BENEFITS AVAILABLE

Participants can borrow up to $10,000 per academic year up to a total of $50,000. Pharmacy students are limited to $7,500 per academic year up to a total of $37,500.

Loans are available at not more than a 12 percent interest rate. Interest is payable by the borrower while attending school. Loan payments begin 9 months after the completion of formal training or after ceasing to be a full-time student at a HEAL school. Loans can be deferred for up to 3 years while the borrower is serving in the Armed Forces, the Peace Corps, VISTA, an accredited internship or residency program, or the National Health Service Corps.

APPLICATION PROCESS

Applications can be obtained from the financial aid administrator at a health professions school that takes part in the HEAL program. The applicant must fill out the borrower's section and have the school complete the school section.

The school can refer the applicant to a lender who participates in the HEAL program. For additional information write to:

HEAL
P.O. Box 23033
L'Enfant Plaza
Washington, DC 20024

PROGRAM IDENTIFICATION

Formal Name: College Work-Study
Common Name: CWS

PURPOSE

The purpose of CWS is to provide jobs for students who need financial aid and who must earn a part of their educational expenses. Students can choose between work-study and loans as a form of financial aid.

ELIGIBILITY STANDARDS

Students are eligible for CWS if they meet the following requirements:

A. United States citizenship or permanent residency status
B. At least half-time enrollment at one of the over 6,500 participating educational programs (check with the individual program to see if it participates in CWS)
C. Need for financial assistance.

BENEFITS AVAILABLE

The federal government will supplement a student's wages (pay a percent) in on-campus or off-campus (private nonprofit) employment. The specific amount of an applicant's award depends on financial need and the amount of money the particular school has for CWS. Students are usually paid the current minimum wage but payment can be greater depending on the difficulty of the work.

APPLICATION PROCESS

Applicants must file one of the financial aid forms listed under the BEOG program. Contact the individual school for the particular form to be used. (See: Basic Educational Opportunity Grant.)

PROGRAM IDENTIFICATION

Formal Name: Vocational Rehabilitation Services
Common Name: Voc. Rehab.

PURPOSE

The federal government provides funds to states for services, training, and equipment used to enhance the employability of handicapped individuals. State vocational rehabilitation departments are responsible for the development and administration of these benefits.

ELIGIBILITY STANDARDS

Eligibility for vocational rehabilitation services is based on:

A. The presence of a physical or mental disability which results in a substantial handicap to employment and
B. A reasonable expectation that vocational rehabilitation services may benefit an individual's employability.

A disabled individual is one who:

A. Has a physical or mental impairment which substantially limits one or more of his/her major life activities or
B. Has a record of such an impairment or
C. Is regarded as having such an impairment.

Priority for program participation is given to severely disabled individuals. There is no federal requirement that the financial needs of a handicapped individual be considered in determining program eligibility; however, states may opt to introduce a financial needs test for a limited number of services (e.g., support maintenance).

BENEFITS AVAILABLE

State vocational rehabilitation departments may provide any or all of the following services:

A. Evaluation of rehabilitation potential
B. Counseling, guidance, and referral
C. Physical and mental restoration
D. Vocational and training tools (e.g., books, tools, materials)
E. Transportation allowance
F. Maintenance allowance
G. Interpreters
H. Reader services and other services to the blind
I. Telecommunication, sensory, and other technological aids and devices
J. Employment recruitment and training
K. Job placement
L. Occupational licenses, tools, and equipment
M. Post-employment services
N. Other goods and services to benefit handicapped individuals in employability
O. Management assistance in the operation of small businesses by severely handicapped individuals.

Three important vocational rehabilitation programs are highlighted below:

1. Education/Training—Vocational rehabilitation department benefits can include tuition, expenses, and support services (e.g., transportation, readers, interpreters, and support monies) for educational or training purposes for up to forty-eight months
2. Support Maintenance—Vocational rehabilitation departments can provide maintenance payments for disabled persons who are unable to meet expenses for the basic necessities of life
3. Transportation—Vocational rehabilitation departments can provide transportation to and from vocational services, certify individuals for cut rates on federally financed public transportation systems, and in some instances may purchase vehicles for disabled individuals.

Under federal grants, states must provide a written rehabilitation program for each individual participant which contains a determination of vocational goals and the steps necessary to achieve the goals.

APPLICATION PROCESS

State vocational rehabilitation departments provide diagnostic evaluations to determine eligibility and certify accepted applicants for services. A request for rehabilitation services should be filed at the local department. Such offices are generally listed in the telephone directory under a title similar to "Department of Vocational Rehabilitation" or "State Agency for the Blind." The federal Rehabilitation Services Administration can identify a state vocational rehabilitation agency for a particular state.

ADDITIONAL COMMENTS

The Supplemental Security Income (SSI) program allows both applicants and recipients to exempt income or resources committed to a "Plan to Achieve Self Support." Income and/or resources applied to an approved self-support plan will not be considered as available to meet basic needs when the Social Security Administration computes an individual's SSI/SSP monthly cash grant. Therefore, by applying assets to a self-support plan an individual can establish SSI eligibility or increase the monthly cash grant for SSI. At the same time, the individual is generating funds which will facilitate his/her vocational rehabilitation. The format for a plan does not need to be developed in any specific manner, but it must contain the following elements:

A. A specific plan to achieve self-support for the individual must exist in writing
B. The plan must contain a designated occupational objective
C. The plan must contain a specific savings and/or planned disbursements goal toward the objective
D. The plan must contain a specific time period for achieving the objective
E. The plan must provide for the identification and segregation of any money and/or other resources being accumulated and conserved toward the accomplishment of the occupational objective

F. The plan must be current
G. The plan must be approved by the SSA and
H. The individual must currently comply with the provisions of his or her approved plan.

Self-Support Plans, A Guide to Development and Implementation is available from:

CIL/Disability Rights and Education Fund, Inc.
2539 Telegraph Avenue
Berkeley, CA 94704

Copies of this material are limited and there may be a fee to cover printing and postage. The text is approximately fifty pages long and is intended as a tool for rehabilitation professionals; yet it may easily be understood by laypersons.

IX. EMPLOYMENT

PROGRAM IDENTIFICATION

Formal Name: Comprehensive Employment and Training Act

Common Name: CETA

PURPOSE

The purpose of CETA is to provide training and employment opportunities to increase the earned income of economically disadvantaged, unemployed, or underemployed persons.

ELIGIBILITY STANDARDS

Applicants are eligible for CETA benefits based on either their income or status.

A. Income—A person eligible for CETA benefits must be a member of a family which receives public assistance, or which is eligible for public assistance (for at least six months), or be below the poverty level (for at least six months).
B. Status—A person eligible for CETA benefits must be handicapped, institutionalized, or an outpatient.

BENEFITS AVAILABLE

CETA benefits include training or employment in the following manner:

A. Classroom training or vocational education designed to provide the participant with technical job skills; education designed to enhance an individual's overall employability is also offered (e.g., remedial reading or language training)
B. On the Job Training (OJT) in public or private employment designed to develop knowledge and skills which can be acquired on the job
C. Public Service Employment with public nonprofit employers to aid in providing services to the public

D. Work experience opportunities on a short-term or part-time basis designed to help the participant develop good work habits and basic work skills.

CETA may also provide supportive and other services such as transportation, temporary shelter, employment counseling, job referral, financial counseling, health care, or child care. Wages for CETA opportunities cannot exceed $10,000 per year nor be less than the minimum or prevailing wage for that particular job. Participants receive all employment benefits but usually not retirement benefits.

APPLICATION PROCESS

Application for CETA benefits should be made at local CETA offices. The list of regional CETA offices in the Appendix can be contacted regarding the location of individual local offices as well as for additional information.

ADDITIONAL COMMENTS

Certain CETA stipends will not reduce Supplemental Security Income or other government assistance. However, work performed by CETA participants may affect an individual's disability status for Supplemental Security Income and Social Security Disability Insurance.

PROGRAM IDENTIFICATION

Formal Name: Volunteers in Service to America

Common Name: VISTA

PURPOSE

VISTA's major goal is to increase the participation of poor people in the decision-making processes which affect their communities and their lives through the use of volunteers. VISTA volunteers work in seven general fields including: community services, economic development, health and nutrition, legal rights, housing, and energy conservation.

ELIGIBILITY STANDARDS

VISTA volunteers must be United States citizens or permanent legal residents and 18 years of age or older. There is no upper age limit and a handicap does not disqualify a person from becoming a volunteer. Efforts will be made to place volunteers in suitable VISTA projects.

C1

BENEFITS AVAILABLE

VISTA volunteers, in addition to the educational experience of working in poverty communities, receive the following tangible benefits:

1. Monthly cost-of-living allowance
2. Monthly $75 allowance for incidental expenses
3. $50 will be paid to the volunteer upon completion of the program for each month of service (1 year is the normal duration of service required)
4. Minimal training
5. Complete medical coverage and
6. Seven days of vacation per year at $10 per day.

APPLICATION PROCESS

Applicants must submit an application to the VISTA/ACTION Agency. Applications will be evaluated for placement possibilities and kept on file until a suitable assignment is available. A list of Regional VISTA/ACTION Service Centers where applications and information can be obtained is in the Appendix. Applications are also usually available at college placement centers. Information can also be obtained by calling the following toll-free number: (800) 424-8580.

ADDITIONAL COMMENTS

VISTA allowances will not reduce Supplemental Security Income or other government assistance the volunteer may receive. Also, work performed by the volunteer will not jeopardize the disability status necessary to maintain eligibility for Supplemental Security Income or Social Security Disability Insurance.

PROGRAM IDENTIFICATION

Formal Name: Small Business Administration—Handicapped Assistance Loans #2

Common Name: SBA—HAL #2

PURPOSE

The Small Business Administration Handicapped Assistance Loans #2 are designed to assist in the establishment, acquisition, or operation of small businesses by handicapped persons. Loans are made either directly by the federal government (SBA) or in conjunction with other lending institutions.

ELIGIBILITY STANDARDS

HAL #2 loans are made available to proprietorships, partnerships, corporations, and business cooperatives which are owned (100 percent) by "handi-

capped individuals." A "handicapped individual" is a person who has a physical, mental, or emotional impairment, defect, ailment, disease, or disability of a permanent nature which limits the individual in engaging in normal competitive business practices without SBA loan assistance.

An applicant is required to show that credit is not available to him/her on reasonable terms through other federally financed programs or private lending institutions.

BENEFITS AVAILABLE

The SBA provides:

A. Low-interest loans to small businesses owned by handicapped persons and/or
B. Loan guarantees to private lending institutions for loans made to small businesses owned by handicapped individuals.

Loans made by the SBA will not exceed $350,000 per individual.

APPLICATION PROCESS

There are two methods by which a handicapped individual can obtain SBA loan assistance:

1. Application can be made to a bank or other private lending institution; the bank or institution in turn applies to the SBA for a loan guarantee
2. Application can be made to the appropriate regional, district, or branch office of the SBA.

In either case, the SBA requires proof that credit is not otherwise available on reasonable terms without SBA assistance (i.e., a written statement of refusal by bank(s), containing the date(s), amount, and reasons for refusal) and that the applicant is handicapped (i.e., a written statement by a physician, psychiatrist, or professional counsellor as to the permanent nature of the handicap and the limitation it places on the individual). The SBA will only make loans or guarantees to individuals who seem to be good credit risks, taking into account both the character of the applicant and the sufficiency of the capitalization of the business. A list of SBA regional offices where additional information and loan applications can be obtained is in the Appendix.

PROGRAM IDENTIFICATION

Formal Name: Internal Revenue Code—Targeted Jobs Tax Credit

Common Name: Same

PURPOSE

The Targeted Jobs Tax Credit is intended to encourage employers to hire individuals from certain groups. Handicapped persons represent one of the

targeted groups. (The tax credit is available to the employer—not to the handicapped employee.)

ELIGIBILITY STANDARDS

Employers may claim a tax credit for employees who were hired after 1976 and who have a handicap in competitive employment due to a physical or mental impairment.

The "first year's wages" may be determined by the employee's initial starting date in the job or by the date the employee's rehabilitation plan is completed. The second year commences immediately after the year which is considered as the first year.

The credit, in conjunction with other credits claimed, may not reduce an employer's tax liability by more than 90 percent; however, credits may be carried back three years for refunds on previous taxes or carried forward for seven years to reduce future taxes. Also, the qualified first-year wages of the handicapped worker may not exceed 30 percent of all wages paid to all workers during the calendar year ending in the taxable year of the employee.

BENEFITS AVAILABLE

Employers may claim a tax credit for 50 percent of the first $6,000 paid to a handicapped employee in the first year of employment, and 25 percent of the first $6,000 paid in the following year. (The amount of the credit will reduce a deduction the employer may claim for wages paid to the handicapped worker.)

APPLICATION PROCEDURE

Request specific information on entitlement to the tax credit and how to file for it from the Internal Revenue Service. IRS is listed in the telephone directory under "United States Government."

ADDITIONAL COMMENTS

In most cases, the handicapped employee or handicapped job applicant must inform the employer of the advantages of this federal tax code provision.

PROGRAM IDENTIFICATION

Formal Name: Internal Revenue Code, Tax Incentive for the Removal of Architectural and Transportation Barriers

Common Name: Same

PURPOSE

This section of the Internal Revenue Code is intended to facilitate the removal of certain physical barriers which may confront a handicapped person.

ELIGIBILITY STANDARDS

A deduction is allowed for an expenditure used to make facilities or vehicles accessible to handicapped or elderly individuals if:

A. The facilities or vehicles are owned or leased by the taxpayer and
B. The facilities or vehicles are used in the taxpayer's business or trade.

BENEFITS AVAILABLE

In computing federal taxes, a business owner may treat expenditures of up to $25,000 which are used to provide access to handicapped or elderly persons as a deductible expense.

APPLICATION PROCEDURE

Specific information on the deduction and how to file for this exemption should be obtained from the Internal Revenue Service. IRS is listed in the telephone directory under "United States Government."

APPENDIXES

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APPENDIX A
FEDERAL REGION NUMBER FOR EACH STATE

REGION I

Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont

REGION II

New Jersey, New York, Puerto Rico, and the Virgin Islands

REGION III

Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia

REGION IV

Alabama, Canal Zone, Florida, Georgia, Kentucky, Mississippi, North Carolina, and South Carolina

REGION V

Illinois, Michigan, Minnesota, Ohio, and Wisconsin

REGION VI

Arkansas, Louisiana, New Mexico, Oklahoma, and Texas

REGION VII

Iowa, Kansas, Missouri, and Nebraska

REGION VIII

Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming

REGION IX

American Samoa, Arizona, California, Guam, Hawaii, Nevada, and the Trust Territory of the Pacific Islands

REGION X

Alaska, Idaho, Oregon, and Washington

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APPENDIX B
FEDERAL INFORMATION CENTERS

These centers exist primarily to assist persons by answering questions concerning the federal government. A visit, letter, or telephone call to the nearest information center will either get a direct answer to a query or put the individual in touch with the proper agency office that can assist him or her. Addresses and telephone numbers of Federal Information Centers are listed in this Appendix.

ARIZONA

Federal Building
230 North First Avenue
Phoenix, AZ 85025
(602) 261-3313

CALIFORNIA

Federal Building
300 North Los Angeles Street
Los Angeles, CA 90012
(213) 688-3800

Federal Building, US Courthouse
650 Capitol Mall
Sacramento, CA 95814
(916) 440-3344

Federal Building
880 Front Street
San Diego, CA 92188
(714) 293-6030

Federal Building, US Courthouse
450 Golden Gate Avenue
San Francisco, CA 94102
(415) 556-6600

COLORADO

Federal Building
1961 Stout Street
Denver, CO 80202
(303) 837-3602

DISTRICT OF COLUMBIA

Regional Office Building #3
Room 5716, Seventh and D Streets, S W
Washington, DC 20407
(202) 755-8660

FLORIDA

Federal Building
51 Southwest First Avenue
Miami, FL 33130
(305) 350-4155

William C. Cramer Federal Building
144 First Avenue, South
St. Petersburg, FL 33701
(813) 893-3495

GEORGIA

Federal Building
275 Peachtree Street, Northeast
Atlanta, GA 30303
(404) 221-6891

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APPENDIX B (Continued)

HAWAII

P.O. Box 50091
300 Ala Moana Boulevard
Honolulu, HI 96850
(808) 546-8620

ILLINOIS

Everett McKinley Dirksen Building
219 South Dearborn Street
Chicago, IL 60604
(312) 353-4242

INDIANA

Federal Building, 1st Floor
575 North Pennsylvania
Indianapolis, IN 46204
(317) 269-7373

KENTUCKY

Federal Building
600 Federal Place
Louisville, KY 40202
(502) 582-6261

LOUISIANA

Federal Building, US Post Office
701 Loyola Avenue
New Orleans, LA 70113
(504) 589-6696

MARYLAND

Federal Building
31 Hopkins Plaza
Baltimore, MD 21201
(301) 962-4980

MASSACHUSETTS

John F. Kennedy Federal Building
Lobby, 1st Floor, Cambridge Street
Boston, MA 02203
(617) 223-7121

MICHIGAN

McNamara Federal Building
477 Michigan Avenue
Detroit, MI 48226
(313) 226-7016

MINNESOTA

Federal Building, US Courthouse
110 South Fourth Street
Minneapolis, MN 55401
(612) 725-2073

MISSOURI

Federal Building
601 East Twelfth Street
Kansas City, MO 64106
(816) 374-2466

Federal Building
1520 Market Street
St. Louis, MO 63103
(314) 425-4106

NEBRASKA

Federal Building, US Post Office and Courthouse
215 North Seventeenth Street
Omaha, NE 68102
(402) 221-3353

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APPENDIX B (Continued)

NEW JERSEY

Federal Building
970 Broad Street
Newark, NJ 07102
(201) 645-3600

NEW MEXICO

Federal Building, US Courthouse
500 Gold Avenue, Southwest
Albuquerque, NM 87101
(505) 766-3091

NEW YORK

Federal Building
111 West Huron Street
Buffalo, NY 14202
(716) 846-4010

Lobby, Federal Building
26 Federal Plaza
New York, NY 10007
(212) 264-4464

OHIO

Federal Building
550 Main Street
Cincinnati, OH 45202
(513) 684-2801

Federal Building
1240 East Ninth Street
Cleveland, OH 44199
(216) 522-4040

OKLAHOMA

US Post Office and
Courthouse
201 Northwest Third Street
Oklahoma City, OK 73102
(405) 231-4868

OREGON

Federal Building
1220 Southwest Third Avenue
Portland, OR 97204
(503) 221-2222

PENNSYLVANIA

William J. Green, Jr.
Federal Building
600 Arch Street
Philadelphia, PA 19106
(215) 597-7042

Federal Building
1000 Liberty Avenue
Pittsburgh, PA 15222
(412) 644-3456

TENNESSEE

Clifford Davis Federal Building
167 North Main Street
Memphis, TN 38103
(901) 521-3285

TEXAS

Fritz Garland Lanham Federal Building
819 Taylor Street
Fort Worth, TX 76102
(817) 334-3624

Federal Building, US Courthouse
515 Rusk Avenue
Houston, TX 77002
(713) 226-5711

UTAH

Federal Building
125 South State Street
Salt Lake City, UT 84138
(801) 524-5353

VIRGINIA

Room 106, Stanwick Building
3661 East Virginia Beach Boulevard
Norfolk, VA 23502
(804) 441-6723

WASHINGTON

Federal Building
915 Second Avenue
Seattle, WA 98174
(206) 442-0570

APPENDIX C
FEDERAL REGIONAL OFFICES FOR CETA INFORMATION

REGION I

Employment and Training Administration, Room 1703, J. F. Kennedy Building, Government Center, Boston, MA 02203

REGION II

Employment and Training Administration, 1515 Broadway, Room 3713, New York, NY 10036

REGION III

Employment and Training Administration, Post Office Box 8796, Philadelphia, PA 19101

REGION IV

Employment and Training Administration, Room 405, 1371 Peachtree Street, Northwest, Atlanta, GA 30309

REGION V

Employment and Training Administration, 230 South Dearborn Street, Chicago, IL 60604

REGION VI

Employment and Training Administration, 555 Griffin Square Building, Room 316, Griffin and Young Streets, Dallas, TX 75202

REGION VII

Employment and Training Administration, Federal Building, Room 1000, 911 Walnut Street, Kansas City, MO 64106

REGION VIII

Employment and Training Administration, 16122 Federal Office Building, 1961 Stout Street, Denver, CO 80202

APPENDIX C (Continued)

REGION IX

Employment and Training Administration, Post Office Box 36084, San Francisco, CA 94102

REGION X

Employment and Training Administration. 1145 Federal Office Building, 909 First Avenue, Seattle, WA 98174

APPENDIX D
FEDERAL VISTA/ACTION SERVICE

NEW YORK SERVICE CENTER

VISTA/ACTION
Recruiting Office
John McCormack Building
Room 1405
Boston, MA 02109

VISTA/ACTION
Recruiting Office
26 Federal Plaza
Room 1607
New York, NY 10007

VISTA/ACTION
Recruiting Office
Federal Building, Room 317
100 State Street
Rochester, NY 14614

ATLANTA SERVICE CENTER

VISTA/ACTION
Recruiting Office
1713 H Street, Northwest
Washington, DC 20525

VISTA/ACTION
Recruiting Office
320 Walnut Street, 4th Floor
Philadelphia, PA 19106

VISTA/ACTION
Recruiting Office
101 Marietta Street, Northwest
Atlanta, GA 30303

DALLAS SERVICE CENTER

VISTA/ACTION
Recruiting Office
515 Congress Avenue, Suite 1414
Austin, TX 78701

VISTA/ACTION
Recruiting Office
212 North St. Paul Street
Room 1622
Dallas, TX 75201

VISTA/ACTION
Recruiting Office
1845 Sherman Street
Room 103
Denver, CO 80203

CHICAGO SERVICE CENTER

VISTA/ACTION
Recruiting Office
1 North Wacker Drive
2nd Floor
Chicago, IL 60606

VISTA/ACTION
Recruiting Office
University YMCA
1001 South Wright Street
Champaign, IL 61820

APPENDIX D (Continued)

CHICAGO SERVICE CENTER (Continued)

VISTA/ACTION
Recruiting Office
Federal Office Building
212 Third Avenue, South
Minneapolis, MN 55401

VISTA/ACTION
Recruiting Office
477 Michigan Avenue
Room M-74
Detroit, MI 48226

VISTA/ACTION
Recruiting Office
Federal Center, Room 305
212 East Washington Avenue
Madison, WI 53703

VISTA/ACTION
Recruiting Office
Gateway II Building, Room 318
Fourth and State Streets
Kansas City, KS 66101

SAN FRANCISCO SERVICE CENTER

VISTA/ACTION
Recruiting Office
522 North Central Street
Phoenix, AZ 85004

VISTA/ACTION
Recruiting Office
1375 Sutter Street
2nd Floor
San Francisco, CA 94109

VISTA/ACTION
Recruiting Office
9911 West Pico Boulevard
Los Angeles, CA 90035

VISTA/ACTION
Recruiting Office
1220 Southwest Morrison
Room 333
Portland, OR 97205

VISTA/ACTION
Recruiting Office
Prince Kalanianiole Federal Building
P.O. Box 50024
Honolulu, HI 96850

VISTA/ACTION
Recruiting Office
1601 Second Avenue
Seattle, WA 98101

APPENDIX E
FEDERAL REGIONAL OFFICES FOR THE SMALL BUSINESS ADMINISTRATION (SBA)

REGION I

SBA Regional Office
150 Causeway Street
Boston, MA 02114

REGION II

SBA Regional Office
26 Federal Plaza
New York, NY 10007

REGION III

SBA Regional Office
1 Decker Square, East Lobby
Bala Cynwyd, PA 19004

REGION IV

SBA Regional Office
1401 Peachtree Street, Northeast
Atlanta, GA 30309

REGION V

SBA Regional Office
219 South Dearborn Street
Chicago, IL 60604

REGION VI

SBA Regional Office
1720 Regal Row
Dallas, TX 75235

REGION VII

SBA Regional Office
911 Walnut Street
Kansas City, MO 64106

REGION VIII

SBA Regional Office
721 Nineteenth Street
Denver, CO 80202

REGION IX

SBA Regional Office
450 Golden Gate Avenue
San Francisco, CA 94102

REGION X

SBA Regional Office
710 Second Avenue
Seattle, WA 98104

READER RESPONSE FORM

The Institute for Information Studies is committed to producing the most useful and current information on rehabilitation topics for disabled consumers and other members of the rehabilitation community. Therefore, we seek to identify your interests and needs, and to determine how we can improve our publications. The information you give us will be used to select relevant topics and channels for promotion and distribution for the coming year. We would greatly appreciate your completing the form below by checking the appropriate spaces corresponding to your situation.

1. I would like to be on your mailing list to hear about upcoming publications or services
   ☐ yes ☐ no

   Name _____ Title _____

   Organization _____

   Address _____
   Street (Box #) City State Zip

   Telephone # _____
   area code

2. I am disabled. ☐ yes ☐ no
   I have a disabled person in my family. ☐ yes ☐ no
   I am visually impaired. ☐ yes ☐ no

3. I work in:
   ☐ 01 State rehabilitation agency (general)
   ☐ 02 State rehabilitation agency (blind)
   ☐ 03 Private rehabilitation agency/workshop
   ☐ 04 Federal or regional government office
   ☐ 05 Rehabilitation professional organization
   ☐ 06 Disabled consumer organization
   ☐ 07 Insurance company
   ☐ 08 Legislative-branch office
   ☐ 09 Medical organization
   ☐ 10 Academic institution
   ☐ 99 Other organization (please describe)

   _____

   _____

4. I work as a:
   ☐ 01 Rehabilitation counselor
   ☐ 02 Job placement specialist
   ☐ 03 Educator/researcher
   ☐ 04 Staff development (training) specialist
   ☐ 05 Administrator
   ☐ 06 Public information provider
   ☐ 07 Medical practitioner (including practitioners of such allied medical professions as nursing, physical and occupational therapy)
   ☐ 99 Other profession (please describe)

   _____

   _____

5. I read _____
   Name of this Emerging Issues Publication

6. I found this publication (check all that apply):

Practical	☐ yes	☐ no	Too short	☐ yes	☐ no
Informative	☐ yes	☐ no	Too technical	☐ yes	☐ no
Relevant to my needs	☐ yes	☐ no	Too simplistic	☐ yes	☐ no
Clear	☐ yes	☐ no	Too vague	☐ yes	☐ no
Too long	☐ yes	☐ no	Too detailed	☐ yes	☐ no

   Other comments _____

   _____

7. I found out about this publication from:
   ☐ Newsletter article or review. Which newsletter? _____
   ☐ Press release
   ☐ Review copy
   ☐ Conference exhibit
   ☐ Journal article or advertisement. Which journal? _____
   ☐ Friend or colleague. For which organization does this person work? _____
   ☐ Receiving an advance order form
   ☐ Don't remember/not sure
   ☐ Other (please describe) _____

8. What I liked most about this publication was:

_____

_____

_____

9. For future, similar publications, here are some ways I think you could improve your product's content, format, and/or distribution:

_____

_____

_____

10. I would be interested in seeing future publications on these subjects:

	Very Interested	Somewhat Interested	Uninterested
Job Opportunities for Disabled Persons in Science and Technology	_____	_____	_____
How to Use Sheltered Workshops	_____	_____	_____
Sexuality/Intimate Relationships	_____	_____	_____
Housing and Homemaking for Disabled Individuals	_____	_____	_____

fold here

11. I would be interested in attending a workshop, if conducted in my area, on:

	Very Interested	Somewhat Interested	Uninterested
Small Business Enterprises for Workers with Disabilities	_____	_____	_____
Social/Interpersonal Skills of Disabled Persons	_____	_____	_____
Job-Seeking Skills	_____	_____	_____

12. I would be willing to travel (and have funds available) to attend such a workshop.
☐ yes ☐ no

Thank you for your valuable cooperation!

fold here

Name _____

Address _____

City _____ State _____

Zip _____

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Post Office will not deliver without stamp

Institute for Information Studies
200 Little Falls Street
Suite 104
Falls Church, VA 22046

INSTITUTE FOR INFORMATION STUDIES EMERGING ISSUES AVAILABILITY FORM

The publications listed below are available while supplies last through the National Rehabilitation Information Center (NARIC). Please enclose $1 (check or money order, payable to National Rehabilitation Information Center) with requests for single copies. For two or more copies, please enclose $2 (postage and handling). When the original supply is depleted, copies will also be available through the clearinghouses listed below as well as NARIC. Each source has its own policy regarding borrowing or obtaining copies of documents from its collection, so contact the organization in question for further details. These publications are NOT available through the Institute for Information Studies.

National Rehabilitation Information Center
8th and Varnum Streets, NE
The Catholic University of America
Washington, DC 20064
(202) 635-5826

U.S. Department of Commerce
National Technical Information Service
5285 Port Royal Road
Springfield, VA 22161
(703) 487-4650

Project SHARE
P.O. Box 2309
Rockville, MD 20853
(301) 428-3100

ERIC Document Reproduction Service
P.O. Box 190
Arlington, VA 22210
(703) 841-1212

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I would like to order the following publication(s). Write the quantity desired on the line preceding each title. Enclosed you will find my check or money order for $_____.

_____ *Financial Resources for Disabled Individuals*
_____ *Hiring and Supervising Personal Service Providers: A Guide*
_____ *Learning to Live With Disability: A Guidebook for Families*
_____ *Lobbying for the Rights of Disabled People: Views from the Hill and from the Grass Roots*

I would like to be on your mailing lists to hear about upcoming publications or services. ☐ YES ☐ NO

Name _____ Title _____

Organization _____

Address _____

City _____ State _____ (ZIP)

Telephone # ( ) _____
Area Code

I am disabled. ☐ YES ☐ NO

There is a disabled person in my family. ☐ YES ☐ NO

I am visually impaired. ☐ YES ☐ NO

Name _____

Address _____

City _____ State _____

Zip _____

Please
affix
stamp here

Post Office
will not
deliver
without stamp

National Rehabilitation Information Center
8th and Varnum Streets, NE
The Catholic University of America
Washington, DC 20064